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MARK BIRDWHISTELL
SECRETARY

February 1, 2007

U.S. Department of Education
ATTN: Janet Scire / Mail Stop 2600
7100 Old Landover Road
Landover, MD. 20785-1506

Dear Ms. Scire:

Attached is the Kentucky Part C (First Steps) Annual Performance Report, which covers performance during State Fiscal Year 2006 (Federal Fiscal Year 2005) in accordance with the Individuals with Disabilities Education Improvement Act of 2004, signed on December 3, 2004.

This plan demonstrates Kentucky's progress toward the rigorous performance targets set forth in the State Performance Plan submitted in December, 2005. The First Steps program continues to strive to provide excellent services and supports to infants and toddlers with disabilities and/or developmental delays in Kentucky.

If you have questions or concerns regarding the information in this report, please contact Kirsten Hammock, Part C Coordinator at 502/564-3756 x 3973.

Sincerely,

William D. Hacker, MD, FAAP, CPE
Commissioner
Department for Public Health

**ANNUAL REPORT CERTIFICATION OF THE
INTERAGENCY COORDINATING COUNCIL
UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)¹ under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2007.

On behalf of the ICC of the State/jurisdiction of Kentucky, I hereby certify that the ICC is: [please check one]

1. ☐ Submitting its own annual report (which is attached); or
2. ☒ Using the State's Part C APR for FFY 2005 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.²

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Germaine O'Connell
Signature of ICC Chairperson/Facilitator

1/10/07
Date

Dept. for Public Health

275 E. Main Street

Frankfort Ky 40621
Address or e-mail

502/564-3970
Daytime telephone number

¹ Under IDEA Sections 616(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

² If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2007.

Overview of Kentucky's Annual Performance Report Development Process

In preparing for the 2005 – 2006 Annual Performance Report (APR), Kentucky reconvened the stakeholder group initially responsible for developing the 2005 – 2010 State Performance Plan (SPP). That group consisted of state staff, Point of Entry staff, parents, regional technical assistance staff, contracted clinical staff and providers. The group was charged with a review of the 2005 – 2010 State Performance Plan, a review and analysis of available data for the reporting period, preparation and review of draft reports for each indicator and compilation of a final APR document for administrative review.

The workgroup reconvened on November 13, 2006. Workgroup members selected specific indicators and were assigned program staff liaisons to assist with data and information collection and document formatting. The workgroup met as a large group on three occasions; November 13, 2006, December 11, 2006 and January 5, 2007. Workgroup members submitted final draft reports in advance of the January 5th meeting and completed a review of the complete draft APR during the January 5th meeting.

The final draft of the APR was shared with the Kentucky Interagency Coordinating Council in advance of their January 11, 2007 meeting and was discussed at the January 11th meeting. The final APR was then submitted to Department administration for review. Final review was conducted on January 31, 2007 and Kentucky's FFY 2005 Annual Performance Report is being submitted on February 01, 2007. The final report is available to the public via the First Steps website at <http://chfs.ky.gov/dph/firststeps.htm> . In addition, the report is being distributed in hardcopy to interagency partners and other First Steps stakeholders.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: see Overview of Kentucky's State Annual Performance Report Development Process document.

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 1 – Percent of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner. (20 USC 1416(a) (3) (A) and 1442)

Measurement: Percent = # of infants and toddlers with IFSP's who receive the early intervention services on their IFSP's in a timely manner divided by the total # of infants and toddlers with IFSP's times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.
2006 (2006-2007)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.
2007 (2007-2008)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.
2008 (2008-2009)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.
2009 (2009-2010)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.
2010 (2010-2011)	100% of infants and toddlers with IFSP's will receive the early intervention services on their IFSP's in a timely manner.

Actual Target Data for FFY 2005:

Statewide during fiscal year 2006 (July 1, 2005 through June 30, 2006) 79% of all children in Part C received timely services for all services listed on their IFSPs occurring during the year (Figure 1).

Services considered timely include the following:

- Initial IFSPs where all therapeutic services were initiated in less than 3 weeks (21 days or less) from the initial IFSP meeting date. The initial IFSP meeting date is when a parent consents to the provision of early intervention services.
- Existing IFSPs where a new service was added and that new service was initiated in less than three weeks.

Percentages are based on a total of 6227 children served throughout the fiscal year. This total number of children is slightly lower than the total number of children eligible for First Steps services as it did not include children receiving only Primary Service Coordination.

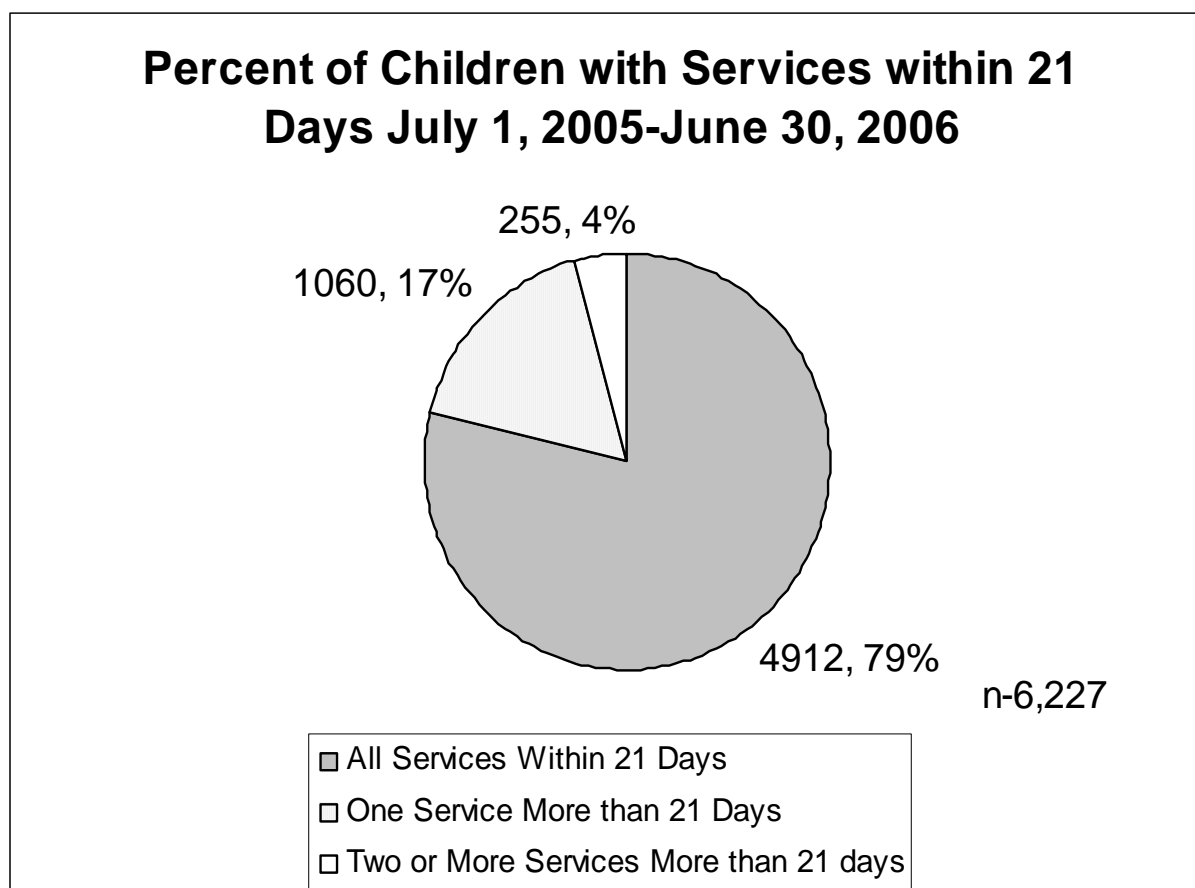


Figure 1

As can be seen in Figure 2, this sample included a large number of children receiving more than one early intervention service. While 41 percent of the population was receiving only one early intervention service, 34 percent were receiving two early intervention services. An additional 16 percent were receiving three services, and 9 percent of the children were receiving four or more services.

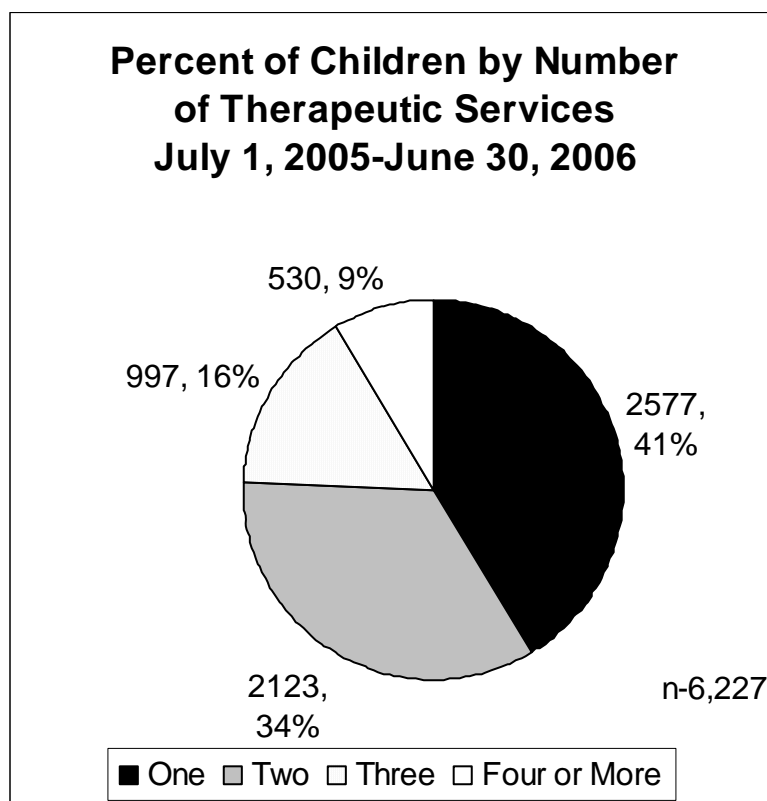


Figure 2

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Allow Primary Level Evaluators to provide intervention services in areas of provider shortages to minimize the impact of provider shortages on timely service provision.	July 2005	There was misinformation throughout the state that primary level evaluators could not also provide early intervention services in areas of shortage, when in fact this had always been allowable. This point was clarified across the state, opening up a host of early intervention providers in areas of shortage where service initiation might otherwise be delayed secondary to provider shortages.
2. Provide training to the Technical Assistance Teams on service provision in a timely manner.	January 2006	Completed
3. Provide training to the Service Coordinators on service provision in a timely manner.	March – June 2006	Completed. Information regarding the timely provision of services is now included in the First Steps Service Coordination Training. In addition, information regarding timely services has been shared with Point Of Entry staff.
4. Provide training to the Service Providers on service provision in a timely manner.	March – August 2006	Completed. Information regarding the timely provision of services is now included in Provider Orientation Training.
5. Provide Monitoring to review effects of training on service provision in a timely manner.	September 2006 – June 30, 2011	As is reflected in Indicator #9, Kentucky did monitor for timely services during this APR reporting period. Of the 56 providers for whom timely service provision was monitored, 2 providers were found not to have provided services in a timely manner (3.6%). Of those 2 providers, 1 successfully implemented an action plan – effectively correcting their non-compliance within 1 year. The other provider did not submit an action plan and subsequently withdrew from the First Steps program.
6. Investigate requiring semi-annual meetings/trainings for all providers in order to have a regular venue for	July 2006 – June 2007	Ongoing

trainings on changes and new developments such as timely services.		
7. Investigate having all independent Primary Service Coordinators under an umbrella of support, mentoring and supervision in order to observe and verify effects of training on topics such as timely services.	July 2008 – June 2009	First Steps Central Office is currently investigating this and will work to ensure improved supervision and accountability in the coming state fiscal year.

As can be seen in the data reported above, the percentage of children during FFY 2005 who received their early intervention services in a timely manner was significantly lower than that reported in the State Performance Plan (SPP) last year. Baseline data reported in 2005 on the Part C SPP indicated that 97% of all children received initial early intervention services within a timely manner. Unfortunately, this number reflected initiation of a first early intervention service following the initial IFSP and did not reflect the true number of children for whom each new early intervention service was initiated in a timely manner. Upon review of the National Part C Frequently Asked Questions (FAQ) document, it is now clear that this indicator is interested in assuring that *each* new early intervention service (whether authorized at the initial IFSP or some time later) is initiated in a timely manner. Current data reported above now reflects the true intent of this indicator. Last year's SPP also provided data documenting the percentage of children who received all of the services reflected on their IFSP (without regard to timeliness). From the FAQ document referenced above, it is now clear that this indicator is not intended to measure frequency of early intervention services.

Although the percentage reported in table 1, above, is significantly less than that reported previously, it is a more accurate reflection of the timeliness of service initiation in the state of Kentucky. For the FFY 2005, we are not able to report the reasons why services were not initiated in a timely manner. Thus, in some cases, the service initiation may have been delayed secondary to family or child illness, family scheduling conflicts, family choice, or other family-driven reasons. Additionally, as can be seen in table 2, many of the children were receiving more than one early intervention service. Because Kentucky is implementing a consultative model of early intervention services with identification of a primary provider of early intervention services, not every early intervention service is scheduled on a weekly or bi-weekly basis. Thus, in some cases services are being provided on a consultative basis and it might be appropriate for them to be initiated later than 21 days from the IFSP. While we again cannot capture the reasons for the delays for this reporting period, future reports will document the reasons for delay so that we can be certain the activities we have planned to achieve 100% on this indicator are appropriate.

In the SPP there was some confusion about the existence of a State Interagency Coordinating Council (ICC) policy regarding provision of timely services, with the suggestion that the ICC had established an 80% compliance policy for providing children the services on their IFSPs. This is not the case. In fact, the ICC does not maintain any program policies separate and apart from the First Steps program. Furthermore, Kentucky's ICC has always assumed that ALL (100%) early intervention services to which parental consent is obtained would be provided in a timely manner. This clarification was made immediately upon receiving notice of noncompliance.

With regard to specific improvement activities, Kentucky has completed a number of the activities listed on the SPP already. Many of the activities were targeted to clarify for First Steps providers the state and federal regulations regarding initiation of early intervention services in a timely manner. As you will recall, Kentucky First Steps defined as timely those services initiated within 21 days of the IFSP, with the IFSP development date as the date in which the parent consents to the provision of early intervention services. First Steps partners across the state received a variety of trainings/information regarding this crucial element in service provision and their role in assuring that all services are initiated in a timely manner.

The Kentucky First Steps program is a complicated system and does include a very diverse and sometimes isolated population of providers. In the past this has made training and information

dissemination to ALL providers extremely difficult. Through redevelopment of our First Steps website (<http://chfs.ky.gov/dph/firststeps.html>), we are now in a position to guarantee that this type of information (e.g. training regarding the importance of timely initiation of early intervention services) is provided to all the partners in the First Steps system. We are also currently investigating requiring all First Steps providers to attend some form of regular training, where issues such as the importance of timely provision of services could be discussed.

Some of the improvement activities listed in the SPP simply required clarification of current Kentucky First Steps regulations. Specifically, with regard to improvement activity number one, there was misinformation throughout the state that primary level evaluators could not also provide early intervention services in areas of shortage, when in fact this had always been allowable. Thus, this point was clarified across the state, opening up a host of early intervention providers in areas of shortage where service initiation might otherwise be delayed secondary to provider shortages.

Finally, to assure further improvement in this indicator to 100% compliance, monitoring is ongoing to review the effects of trainings completed over the last year on service provision in a timely manner. The SPP submitted in December, 2005 indicated that Kentucky did not monitor for timely services during the reporting period. As is reflected in Indicator #9, Kentucky did monitor for timely services during this APR reporting period. Of the 56 providers for whom timely service provision was monitored, 2 providers were found not to have provided services in a timely manner (3.6%). Of those 2 providers, 1 successfully implemented an Action Plan – effectively correcting their non-compliance within 1 year. The other provider did not submit an Action Plan and subsequently withdrew from the First Steps program.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
8. Implement a system to gather data regarding the specific reason(s) for noncompliance with the initiation of services on the IFSP in a timely manner.	July, 2007 – June 2009	Kentucky is in need of a statewide data management system to facilitate the collection and analysis of information regarding a variety of aspects of early intervention service provision, documentation and billing. A statewide data management system will allow the state to accurately report the reasons for non-compliance related to this and other performance indicators. It is necessary to fully understand the reasons for delay before Improvement Activities to target performance problems can be developed. The Part C Coordinator, QA Administrator and a workgroup comprised of First Steps program evaluators will coordinate this activity.
9. Monitor the implementation of Improvement activities 1 through 8, assess their impact on the initiation of services on the IFSP in a timely manner, and revise as necessary.	July, 2007 – June 2011	It is necessary to ensure that performance is being continually monitored and non-compliance is addressed in a timely manner. The Part C Coordinator, QA Administrator and a workgroup comprised of First Steps program evaluators will coordinate this activity.

Although most children in Kentucky receive their early intervention services in a timely manner, we have not been able to achieve 100% compliance. Additionally, at this time we are not in a position with our current data system to indicate the reasons for failure on this indicator, to determine if some of the delays on this indicator are family driven, to determine if some of the delays reflect planned less frequent service provision reflective of a consultative approach to early intervention, or to evaluate the relevance of our current and/or planned improvement activities to target particular areas of weakness or problem. Thus, in addition to the improvement activities listed on the previous SPP, a new improvement activity is needed to address this indicator. Because we do not know the specific reason(s) for why some percentage of the services are not started in a timely manner, we need to implement a system to gather data regarding the specific reason(s) for noncompliance with the initiation of services on the IFSP in a timely manner. Gathering this specific data will also allow for more clear and definitive reporting on this indicator in the future and will assure that the improvement activities that we are currently implementing and have proposed for the future are sufficient to achieve 100% compliance. In addition, the program will be able to develop Improvement Activities that can aggressively target non-compliance in an efficient and effective manner.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 2: Percent of Infants/Toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children. (20 USC 1416 (a)(3)(A) and 1442)

Measurement: Percent=# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	97.45% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2006 (2006-2007)	97.50% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2007 (2007-2008)	97.55% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2008 (2008-2009)	97.60% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2009 (2009-2010)	97.65% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2010 (2010-2011)	97.70% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.

Actual Target Data for FFY 2005

In FY 2005 Kentucky data substantiate 98.7% of infants and toddlers received early intervention services in the home or programs for typically developing children. Future targets have been revised to reflect maintenance of the current percentage.

Data for indicator 2 is required to be taken from Section 618 data. In the past, Kentucky has had difficulty reporting natural environment data in the 618 data, because our data system recorded only whether services were delivered in the “home or community location,” in the “office or center-based location,” or in a “group setting.” Kentucky captures data this way because our data system is primarily a centralized billing system. This process has been revised to capture the specific settings where services are delivered. Kentucky’s 618 data system is now accurately reporting children who receive early intervention services in the home and programs for typically developing children.

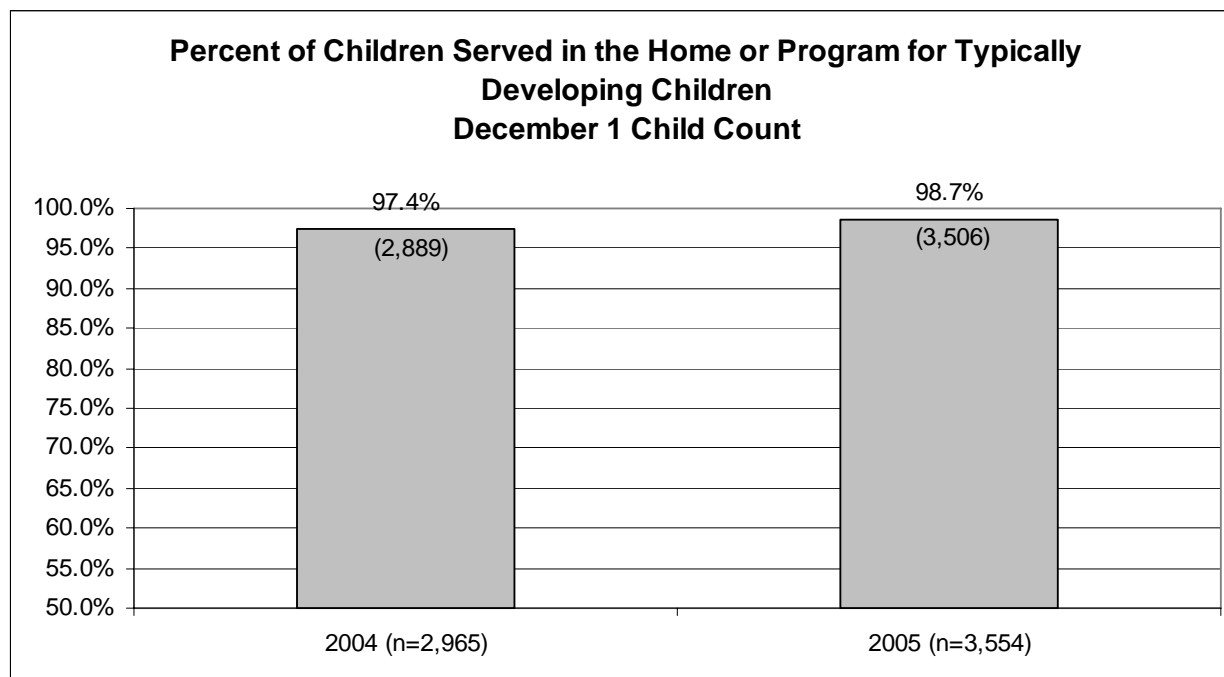
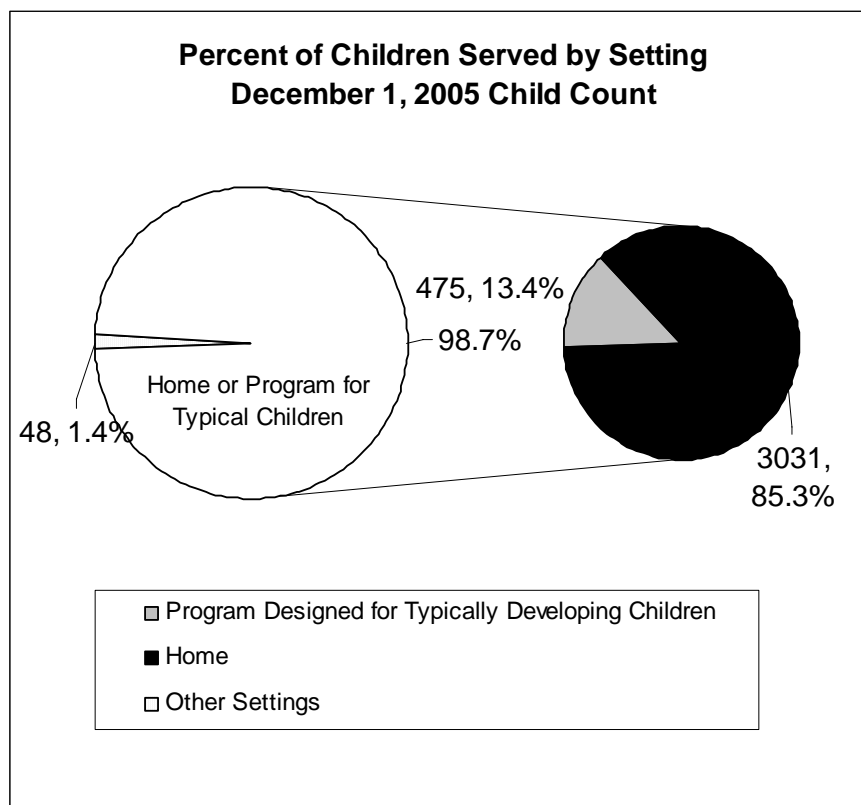


Figure 1

Data from December 1, 2004 is not comparable to previous years, because we are now attempting to capture all categories specified in the Section 618 data, and will continue to do so. Data for the children identified with IFSPs on December 1, 2004 for whom we collected surveys from the primary service coordinator in September, 2005 is shown in figure 1 and compared to data identified with IFSPs on December 1, 2005 for whom we collected settings data at the time of the six-month plan review. Although the method of collecting data was different, both came from primary service coordinators serving the child responding to the question “Where were the majority of the child’s services delivered” and given a range of options. Based on these data, 97.4% received services primarily in either home or community locations in 2004. By 2005 the percentage was 98.7%. This exceeded all targets set for the following six years.

Figure 2



Of the 98.7% of children who were served in the home or program for typically developing children, 85.3% were served for a majority of services in the family or caregiver home (figure 2). The remaining 13.4% were served in locations with typically developing children (day care centers, community centers, early childhood centers including typically developing centers, etc.).

In looking at all children served during state fiscal year 2006, the results are similar. However, the method of collecting settings data was not implemented until December, 2005, and so not all children served beginning July 1, 2005 had complete data. Even so, the data are presented in figure 3. Fully 98.4% (3,054) were seen in the home or program for typically developing children. Those are further broken down into receiving services in the home (81.9%), day care provider home (3.5%), day care centers or nursery schools including typically developing children (11.3%), and early childhood centers or classes including typically developing children (1.6%). It may be of interest to note that due to rounding errors in the data calculation, the percents of children seen in the home or program for typically developing children identified in Figure 3 do not equal 98.4%. Rather, they equal 98.3%. Differences of 0.1% are generally acceptable in the social sciences.

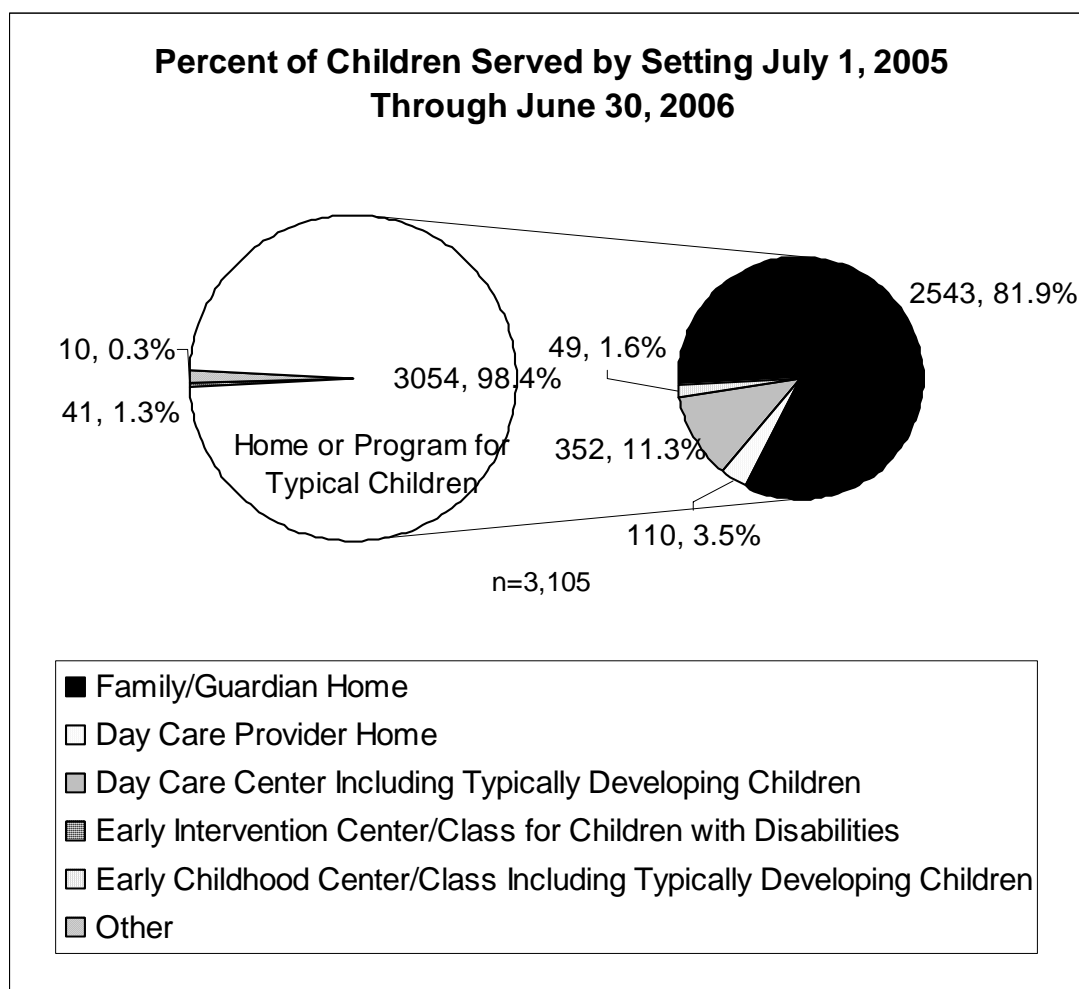
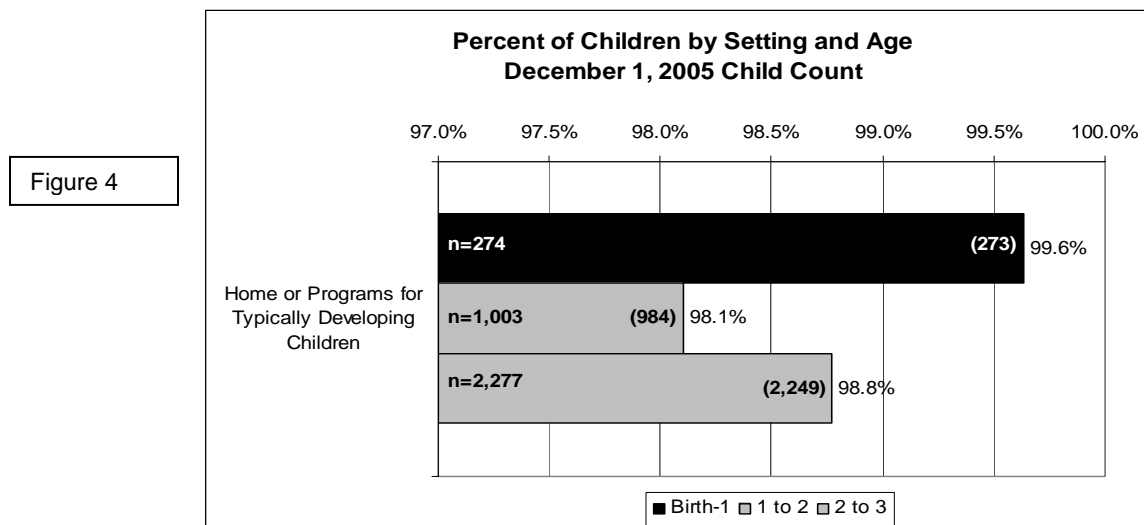
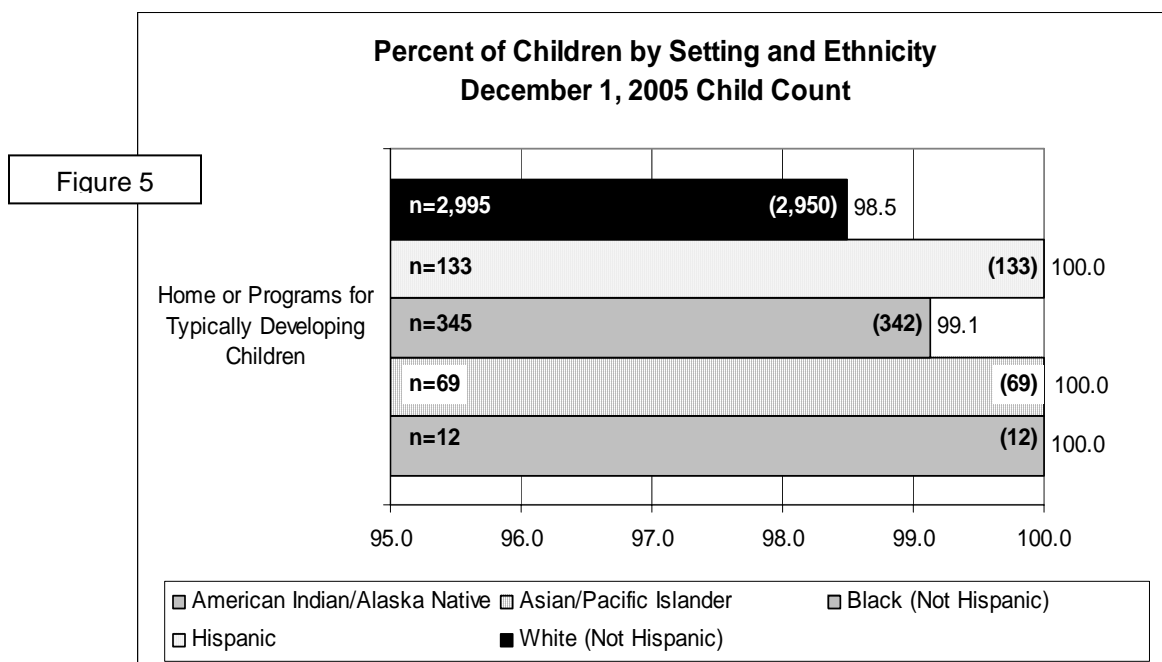


Figure 3

Section 618 settings data also includes breakdowns by child age and ethnicity. Figure 4 shows the similarity in setting location by age. Most infants aged birth to one receive services in the home or program for typically developing children (99.6%). For one to two year olds the percentage is 98.1%, and for two to three year olds it is 98.8%. There is no significant difference in setting location by age.



Likewise, figure 5 shows the Section 618 data by ethnicity. The lowest percentage receiving services primarily in the home or program with typically developing children is for whites, at 98.5%. This is the largest population group in Kentucky and is still above the 2010 targets for the state as a whole.



APR Template – Part C (4)

Kentucky
State

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Revise the data system to capture all nine (9) settings categories.	April 2006	This activity is complete.
2. Provide training to the Technical Assistance Teams on the nine (9) settings categories.	May 2006	This activity is complete.
3. Revise the six-month progress report requirements for therapeutic interventions to include data on the settings of all services delivered in that six months.	May 2006	This activity is complete.
4. Train all providers on the nine (9) settings categories, the revised six-month progress report requirements and the revised data form to capture settings data.	June 2006 – August 2006	This activity is complete.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005

Because FY 2005 Kentucky data substantiate 98.7% of infants and toddlers received early intervention services in the home or programs for typically developing children, future targets have been revised to reflect maintenance of the current percent.

FFY	Measurable and Rigorous Target
2005	97.45% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2006	98.7 % of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2007	98.7% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2008	98.7 % of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2009	98.7% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.
2010	98.7% of infants and toddlers will receive early intervention services in the home or programs for typically developing children.

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
5. Revise monitoring document and embed data reporting to capture new information.	July 2007- June 2008	As we have exceeded all targets previously set, Kentucky now desires to embrace the evidence based literature which says natural environments includes the home, other community based settings in which children without disabilities participate, and are BOTH the places and opportunities where children experience everyday, typically occurring learning opportunities that enhance their growth and development. It will be necessary to revise the monitoring document and embed data reporting to capture new information regarding this new program focus. A workgroup comprised of First Steps program evaluators will be responsible for this activity.
6. Develop training on natural environments to include coaching parents and use of Kentucky's Early Childhood Standards.	July 2007- June 2008	Training will be necessary in order to facilitate statewide implementation. Lee Ann Jung, Ph.D. will assist the Training Coordinator and a designated workgroup in the development of this training.
7. Implement, evaluate and modify, as necessary, new monitoring procedures	July 2007- June 2011	Monitoring policies and procedures will need to address the new program focus. The Part C Coordinator will be responsible for this activity.

With the addition of specific settings to our data system we can now better capture the specific service delivery location within the natural environments. We will continue to capture all categories specified in the Section 618 data. As we have exceeded all targets previously set, Kentucky now desires to embrace the evidence based literature which says natural environments includes the home, other community based settings in which children without disabilities participate, and are BOTH the places and opportunities where children experience everyday, typically occurring learning opportunities that enhance their growth and development. Natural environments are intended to allow parents to identify moments in their everyday lives in which to teach their child and ensure that learning and development occur within those daily routines and interactions.

The goal of First Steps is to increase the family's ability to understand and meet the developmental needs of their child through the use of natural resources and supports. First Steps Service Providers help the family learn the importance of using natural environments and offer them assistance to identify their natural supports, routines, and resources and incorporate those into the delivery of all First Steps services. First Steps helps families use and strengthen their natural supports while connecting with community resources. Outcomes and strategies in the IFSPs indicate functional skills that the child will learn to enhance their growth and development.

When embedding intervention in daily routines the child's goals must be functional, individualized, and address the whole child. Wolery, M. (1998). *Individualized inclusion in child care*.

Kentucky is using and continues to promote use of the Consultative Model to support family and child interaction within daily routines. Kentucky has in place the Building a Strong Foundation for School Success series which includes the Kentucky Early Childhood Standards Birth to Three and accompanying parent guides.

Kentucky will begin revision of monitoring documents in 2007 to address the quality of parent/child interaction within natural environments through the IFSP. In 2008 training will be conducted with

APR Template – Part C (4)

Kentucky
State

objectives being: 1. Identifying the two components of Natural Environments: a.) The physical setting and b.) the engagement within the every day routines with parents. 2. Coaching parents to identify teachable moments in their everyday lives with their child to ensure that learning and development occur. 3. Utilization of Kentucky Early Childhood Standards in developing child outcomes and appropriate use of Parent Guides with families.

Data collection from families will include self reporting of the usefulness of activities within the Standards Parent Guide and opportunities to practice functional activities implemented within the Consultative Model.

Part C State Performance Plan (SPP) for FFY 2005-2010

Overview of the State Performance Plan Development: See *Overview of Kentucky's State Performance Plan Development Process*.

Monitoring Priority: EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skills (including early language/communication); and C. Use of appropriate behaviors to meet their needs. (20 USC 1416(a)(3)(A) and 1442)

Measurement:**A. Positive Social-emotional skills (including social relationships):**

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

B. Acquisition and use of knowledge and skills (including early language/communication):

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

C. Use of appropriate behaviors to meet their needs:

a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.

b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.

c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed

times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100% explain the difference.

Overview of Issue/Description of System or Process:

Kentucky's December, 2005 State Performance Plan stated, "In FY 2006 (July 1, 2005 – June 30, 2006) Kentucky will gather current status baseline data on all new entrants to First Steps and will report that on the APR due February, 2007. In FY 2007 Kentucky will report on progress status on the child outcomes for those children who were in the baseline pool." Kentucky's plan was to use developmental information gathered via the Developmental Status Scale (formerly called the Delay Ranking Scale) to report progress data for the children on whom baseline data was established in FY 2006.

In September, 2006 states were notified that the reporting categories for Child Outcomes had changed. As a result of this change Kentucky could no longer use the Developmental Status Scale to report progress in the manner in which it was now being requested. Therefore, Kentucky has revised its plan for Child Outcome data collection and submission. As required by OSEP, Kentucky is herein reporting status data at entry for FFY 2005 (July 1, 2005 – June 30, 2006).

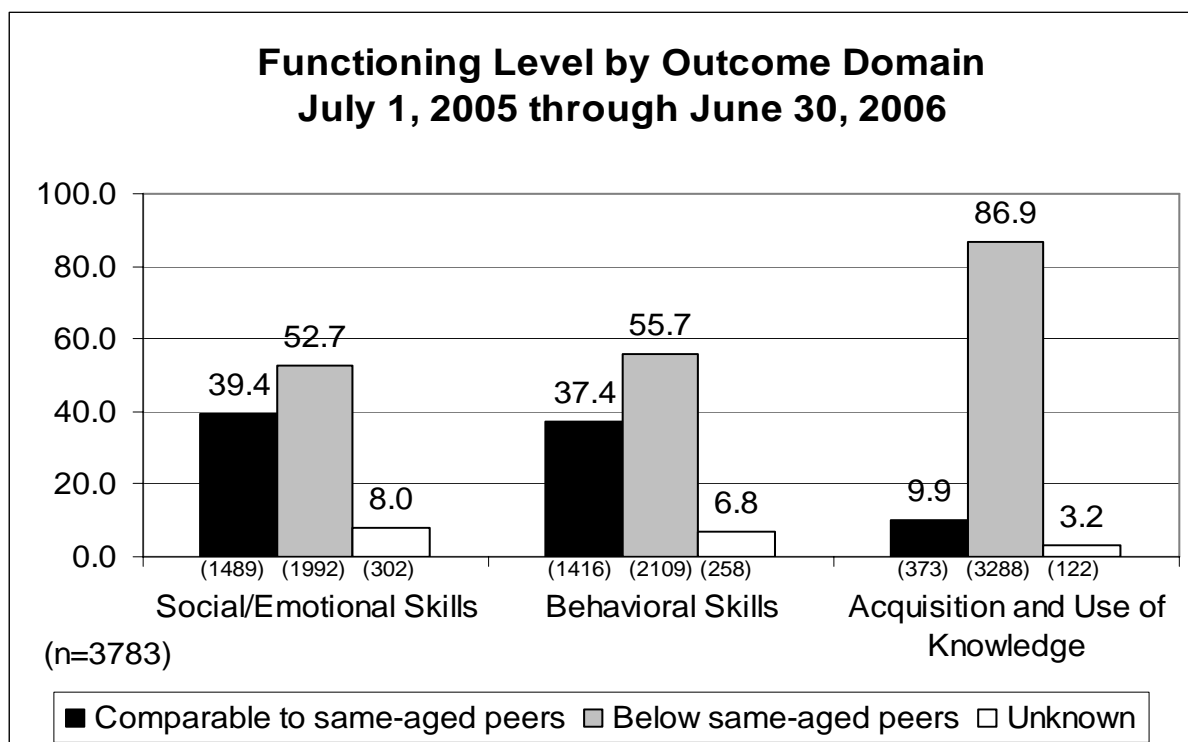


Figure 1

These data (Figure 1) are taken from the five domains that IFSP teams are asked to rate every six months. These ratings take place on a state-developed scale called the Developmental Status Scale (formerly called the Delay Ranking Scale). Providers record current status in each developmental domain on a scale of 0 – 3; with 0 = child has developmentally appropriate skills for that area, 1 = child is slightly behind same age peers for that area, 2 = child is markedly behind same age peers for that area, and 3 = child is significantly behind same age peers for that area.

Kentucky has determined that the social-emotional domain scores will be used to report on the positive social-emotional skills outcome, cognitive and communication scores will be used to report on the acquisition and use of knowledge and skills outcome, and adaptive scores will be used to report on use of appropriate behavior outcome. "Unknown" includes those children for whom the domain ranking was left

blank or who were otherwise erroneously scored. Children who were considered to be functioning at a level “comparable to same-aged peers” received a rating of 0 – *Child has developmentally appropriate skills for that area* in the domain (or domains) Kentucky has corresponded to the Child Outcome areas. Children were first selected who had a new IFSP during July 1, 2005 through June 30, 2006, and then the data above were selected for the first ranking of the Developmental Status Scale (DSS) during that time period. It may be of interest to note that due to rounding errors in the data calculation, the percents identified in Figure 1 do not equal 100% for Social/Emotional Skills and Behavioral Skills. Differences of 0.1% are generally acceptable in the social sciences.

In September, 2006 states were notified that the reporting categories for Indicator 3 had changed. Based on the information obtained via the DSS, Kentucky is able to adequately report children in categories a, d and e. However, the DSS does not provide data sufficient to allow Kentucky to adequately report children in categories b or c. The reason is because OSEP’s reporting category b, which addresses child progress, has been split. It is now necessary to differentiate children who have improved functioning but not sufficient to move nearer to their same-aged peers (i.e. progress due to maturation) from those children who have improved functioning to a level nearer to same-aged peers but did not reach it (i.e. progress reflecting an improved developmental trajectory). The DSS is not able to make this distinction – despite an added progress measurement component.

In order to obtain baseline data for FFY 2006 (July 1, 2006 – June 30, 2007) that will allow Kentucky to measure progress according to the new reporting categories, the State will begin to capture child assessment data via a state-developed data platform. The platform will allow for entry or upload of assessment data from criterion referenced/curriculum based assessment tools, each of which have been crosswalked with the Kentucky Early Childhood Standards and Benchmarks and in turn aligned with the three OSEP Child Outcome areas. Kentucky will gather assessment data on all children assessed between July 1, 2006 and June 30, 2007, which will provide a substantial baseline data pool for FY08 reporting purposes.

Baseline Data for FFY 2005 (2005-2006):

Baseline, targets, and improvement activities based on progress data will be provided with the FFY 2006 APR due February 1, 2008.

Discussion of Baseline Data:

Baseline, targets, and improvement activities based on progress data will be provided with the FFY 2006 APR due February 1, 2008.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	To be determined
2006 (2006-2007)	To be determined
2007 (2007-2008)	To be determined
2008 (2008-2009)	To be determined

Part C State Performance Plan (SPP) for FFY 2005-2010

Overview of the State Performance Plan Development: See *Overview of Kentucky's State Performance Plan Development Process*.

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services in Natural Environments

Indicator 4 – Percent of families participating in Part C who report that early intervention services have helped the family:–

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent =# of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent =# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent =# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

The family outcome measurement system for Kentucky includes:

1. Policies and procedures to guide family outcome assessment and measurement practices.
2. Provision of training and technical assistance supports to administrators and service providers in family outcome data collection, reporting and use.
3. Quality assurance and monitoring procedures to ensure the accuracy of the family outcome data.
4. Data system elements for family outcome data input and maintenance and family outcome data analysis functions.

Each of these is described below:

1. Policies and procedures to guide family outcome assessment and measurement practices.

Kentucky's current service coordinators, both initial and primary are required by regulation to provide families with an explanation of their family rights in the Part C program. A Handbook of Family Rights is given to each family at intake and explained in detail by the Initial Service Coordinator. At the initial IFSP meeting the Statement of Assurances, which explains family rights and is a part of the Family Rights Handbook is reviewed with the family and each "right" is initialed by the family once they express understanding, and the completed document is signed by the parent(s) and the service coordinator. At each subsequent IFSP meeting a "Summary of Family Rights" is reviewed with the family and families check those categories on the IFSP and sign to indicate their understanding. Families are also given the

name and contact information for the Parent Consultant on the Technical Assistance Team assigned to their area.

The Parent Consultant serves as a “technical assistant” to families, to provide training, to answer questions, connect them with other families and generally assist families in their area. Kentucky embraces the fact that information is powerful; therefore a Family Orientation to First Steps is being developed by parent consultants in a DVD format and will be given to all First Steps families. Emphasis has been placed on family rights. In fact, a significant portion of this video focuses on families being able to better communicate their families and child’s needs thereby becoming better advocates for their child.

In an effort to assist families to help their child develop and learn, Kentucky has adopted the use of a consultative model of service delivery, emphasizing family education to carry out the goals on a daily basis. The family is the constant in the child’s life and this process provides services to the child through their caregiver. This model empowers the family and supports the family, not the professional goals. The family identifies their needs/concerns and priorities (through the RBI) and selects providers appropriate to meet those identified needs. The IFSP team develops the IFSP and the providers along with the family, determine how strategies and activities can be incorporated into their every day family activities and routines. Service Coordinators conduct a Routines Based Interview (RBI) with each family in preparation for the development of an IFSP. Through discussion of their “typical day”, routines that go well for the family and those that don’t go well are discussed. In this manner, families with the help of service coordinators can more easily identify and communicate their child’s needs. Through the IFSP the family has an opportunity to rate and revise the outcomes created through the RBI process.

To further support families’ abilities to communicate their child’s needs and help their child develop and learn, First Steps is distributing through their Points of Entry the “Building a Strong Foundation for School Success: The Kentucky Early Childhood Standards Parent Guide for Children Birth to Three.” This tool provides continuity for First Steps families as they move toward Kentucky preschool programs.

A family survey conducted yearly to collect data directly from families.

Use of the National Council for Special Education Accountability and Monitoring (NCSEAM) family survey was adopted during the Fall of 2005 process to create the State Performance Plan for Kentucky in order to fulfill the new requirements to provide data for Indicator 4. The plan was to mail the survey to all families in the December 1, 2005 child count in both Spanish and English and follow-up by phone. The December 1, 2005 child count was available in February, 2006. However, there was some delay in obtaining an officially translated Spanish language version of the survey. This delay resulted in the mailing also being delayed until early June.

In February, the December 1, 2005 child count was submitted to OSEP. It reported 3,537 children with IFSPs on December 1, 2005. Because of the delay, by June, additional children had been identified due to the constant updating of our database. A total of 3,549 surveys were mailed. At the end of June, a second mailing was completed to those who had not yet returned the survey. The second mailing was made to 3,036 families. This mailing also included a copy of the survey in both Spanish and English. Each survey was preprinted with a child identifier, so that it would be possible to locate any that were returned in duplicate.

From both mailings, a total of 786 surveys were returned, for a response rate of 22%. While this is good in general for a mailed survey, expectations were higher for this sample. Due to the increased cost and staff time of requiring more phone interviews, the decision was made to forego the phone survey and rely on the mailed survey response rate, which was higher than expected. Analysis was done using the 786 completed surveys.

Only 6 surveys were completed in Spanish, and so these were combined with responses from the English surveys. Such a small number is unlikely to add any error introduced by translation errors, and it is also too small to look at the responses separately for the Spanish speaking group.

NCSEAM’s survey consists of two Rasch scales. A Rasch scale is one in which several items are used which ask the respondent to indicate their level of agreement along a scale of very strongly disagree, strongly disagree, disagree, agree, strongly agree, or very strongly agree. Each item has been pretested

by NCSEAM and is calibrated along a continuum such that some items are harder or easier than others to agree to. Testing has shown that agreement with an item at the top of the scale is likely to mean that the respondent also agreed with all the items below it. Items are asked in no particular order, but the calibration order is known, based on NCSEAM's pretesting. By using a standardized scale from a pretested item bank, our state scores can be compared with others using the scale. It also means that measures can be predicted. It is these predicted measures that are used in reporting the data for Indicator 4.

2. Provision of training and technical assistance supports to administrators and service providers in family outcome data collection, reporting and use.

Kentucky's providers are all provided with training on family rights when they enter the provider network. Periodic updates to that training are given by the Technical Assistance teams to service coordinators at quarterly meetings or through written communications. First Steps administration and Central Billing and Information System (CBIS) will provide training to the Technical Assistance Teams on the Family Survey. CBIS will also provide more detailed instruction to the Parent Consultants and/or Program Consultants who may be involved in obtaining surveys from families after all attempts made by CBIS to contact the family have failed. Providers will be trained on the contents and use of the family survey by the Technical Assistance Teams and through written communications. While they will not be directly involved in the collection of that survey data, they will be informed of the areas of First Steps practice that the survey measures.

3. Quality assurance and monitoring procedures to ensure the accuracy of the family outcome data.

The survey was conducted by CBIS which is a part of the Urban Studies Institute (USI) of the University of Louisville. This is an excellent resource for conducting a family survey, because there are in-house staff with knowledge and expertise in conducting all types of social surveys (mail, phone, internet and personal contact). The Director of CBIS also has a M.A. in Applied Social Research with special emphasis in survey construction, collection and data analysis. All paper surveys were automatically data-entered through scanning technology to limit error.

4. Data system elements for family outcome data input and maintenance and family outcome data analysis functions.

Data from the family survey were entered and tabulated by CBIS. A report of survey results was provided to the lead agency.

Baseline Data for FFY 2005:

Kentucky Report for SPP/APR Indicator #4(a) Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family know their rights.

82.2%

Standard: A .95 likelihood of a response of “strongly agree” or “very strongly agree” with the item, “Over the past year, early intervention services helped me and/or my family know about my child’s and family’s rights concerning early intervention services.”

Kentucky Report for SPP/APR Indicator #4(b) Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.

73.3%

Standard: A .95 likelihood of a response of “strongly agree” or “very strongly agree” with the item, “Over the past year, early intervention services helped me and/or my family communicate more effectively with people who work with my child and my family.”

Kentucky Report for SPP/APR Indicator #4(c) Data Collected in 2005-06

Percent of families participating in Part C who report that early intervention services have helped the family help their child develop and learn.

89.1%

Standard: A .95 likelihood of a response of “strongly agree” or “very strongly agree” with the item, “Over the past year, early intervention services helped me and/or my family understand my child’s special needs”

Measurement Reliability: .94

N of Valid Responses: 782

Statistics: M = 628, SD = 101, 95% CI = 578-678

Discussion of Baseline Data:

The first step in presenting the data is to look at the scale in order of decreasing hardness of agreement to the items. In figure 1, each item in the Impact on the Family scale is presented in decreasing order of hardness, such that the bottom item, “do things with and for my child that are good for my child’s development” was the most likely to be agreed with (the easiest) while the top item, “participate in typical activities for children and families in my community” was the least likely to be agreed with (the hardest). Kentucky’s mean measure of 628 can be directly compared to the item calibrations to see where Kentucky “fits” regarding impact on the family. A mean of 628 is just above the item “keep up friendships for my child and family” which indicates that in Kentucky, around half of all respondents at least agree with that item and all those below it. The three items above the mean are areas that Kentucky might consider targeting to increase family impact. All three of those items have to do with knowledge and participation in community services and activities.

In order to answer the three Indicator 4 categories, it was necessary to establish a standard to apply to the Rasch analysis to determine what the minimum item would be acceptable by the stakeholders to indicate success in the category. NCSEAM had already conducted stakeholder meetings in the national sample and made recommended standards. A standard is not about agreement with the individual item. Rather, because of the consistency of the pattern of responses to items in the scale, agreement with the threshold item indicates agreement to all those below it as well. NCSEAM’s recommended standards are shown by the lines in figure 1 below.

NCSEAM Part C Impact of Early Intervention on Your Family Scale

Item Calibration	Item
678	Participate in typical activities for children and families in my community.
656	Know about services in the community.
640	Know where to go for support to meet my family's needs.
625	Keep up friendships for my child and family.
609	Know where to go for support to meet my child's needs.
584	Be more effective in managing my child's behavior.
576	Make changes in family routines that will benefit my child with special needs.
576	Do activities that are good for my child even in times of stress.
570	Improve my family's quality of life.
565	Feel that I can get the services and supports that my child and family need.
563	Get the services that my child and family need.
562	Feel that my family will be accepted and welcomed in the community
559	Feel more confident in my skills as a parent.
559	Feel that my child will be accepted and welcomed in the community.
556	Communicate more effectively with the people who work with my child and family.
553	Understand how the Early Intervention system works.
546	Understand the roles of the people who work with my child and family.
539	Know about my child's and family's rights concerning Early Intervention services.
534	Be able to evaluate how much progress my child is making.
516	Understand my child's special needs.
498	Feel that my efforts are helping my child.
498	Do things with and for my child that are good for my child's development.

Figure 1

FFY	Measurable and Rigorous Target
2006 (2006-2007)	A. 82.2% B. 73.3% C. 89.1%
2007 (2007-2008)	A. 83.2% B. 74.3% C. 89.6%
2008 (2008-2009)	A. 84.2% B. 75.3% C. 90.1%
2009 (2009-2010)	A. 85.2% B. 76.3% C. 90.6%
2010 (2010-2011)	A. 86.2% B. 77.3% C. 91.1%

For FFY 2006, targets have been set to maintain data that were obtained for FFY 2005. Due to the Spring 2007 release of the family orientation DVD, Kentucky expects families to have an increased knowledge of their rights, ability to communicate needs and their child's growth and development. Kentucky already has a relatively high mean measure on the family survey and it is difficult to determine what a rigorous target is going to be with only one year of data. For indicator 4a and 4b, after the DVD is available Kentucky is estimating one percentage point increase each for each year. For indicator 4c, a half percentage point per year is predicted, since the state is already at 89.1%.

Improvement Activities/Timelines/Resources:

IMPROVEMENT ACTIVITY	TIMELINE	RESOURCES
1. Family Orientation to First Steps DVD kit	Spring, 2007	Technical Assistance Teams, First Steps Training Coordinator
2. Develop training and implementation process for "Building a Strong Foundation for School Success: The Kentucky Early Childhood Standards Parent Guide for Children Birth to Three" for TA teams to better assist providers on its use	July 2007 – June 2008	Kentucky Early Childhood Interagency Transition Team, Technical Assistance Teams, First Steps Training Coordinator, Kentucky Office of Early Childhood, Regional Training Center
3. Explore reproduction and dissemination of the "Step by Step Guide to Transition" and DVD	July 2007 – June 2008	First Steps Training Coordinator, Kentucky Early Childhood Transition Project, Kentucky Early Childhood Interagency Transition Team, Service Coordinators

SPP Template – Part C (3)

Kentucky
State

4. Explore using CBIS to send a letter reminding families that the Part C to Part B transition process should have begun and provide information to access the Step by Step guide to Transition in order to help families know their rights, effectively communicate their children's needs and to help their children develop and learn.	January 2008 – December 2008	CBIS, Kentucky Early Childhood Transition Project, Parent Consultants
5. Add a page to the CBIS website for families to access information regarding rights, support, and information on early intervention and resources.	July 2007 – June 2008	CBIS, Technical Assistance Teams, Kentucky Early Childhood Transition Project
6. Monitor the implementation of Improvement Activities and future family satisfaction survey findings on an ongoing basis and adjust Improvement Activities accordingly.	July 2007 – June 2011	Part C Coordinator, SPP/APR Workgroup

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National Data (20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	.51 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2006 (2006-2007)	.56 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2007 (2007-2008)	.66 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2008 (2008-2009)	.76 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2009 (2009-2010)	.86 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.
2010 (2010-2011)	.96 % of infants and toddlers aged birth to 1 in Kentucky will have IFSPs.

Actual Target Data for FFY 2005:

Percent of Infants/Toddlers Birth-1 with IFSPS

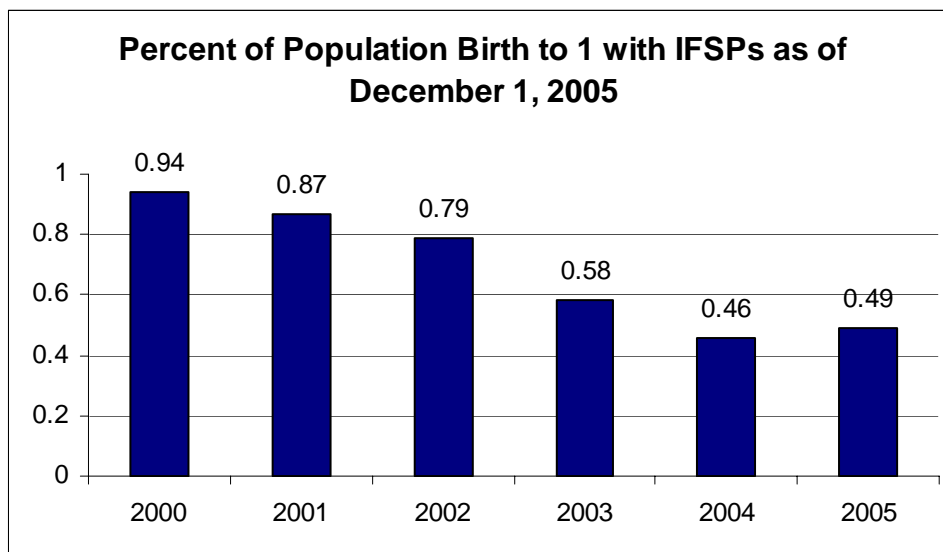


Figure 1

Since 2000, Kentucky's population of children birth to 1 with IFSPs was declining (see figure 1). This is partly due to regulations introduced in 2002 that required children with established risk conditions to show a developmental delay to receive therapeutic services. Established risk children who did not yet show a delay received service coordination only. Since it is primarily established risk children who enter the program before age 1, this had the effect of reducing the number of children who entered the program early, and has since been repealed. In 2005, these efforts to serve infants with established risk resulted in Kentucky demonstrating an improvement in performance.

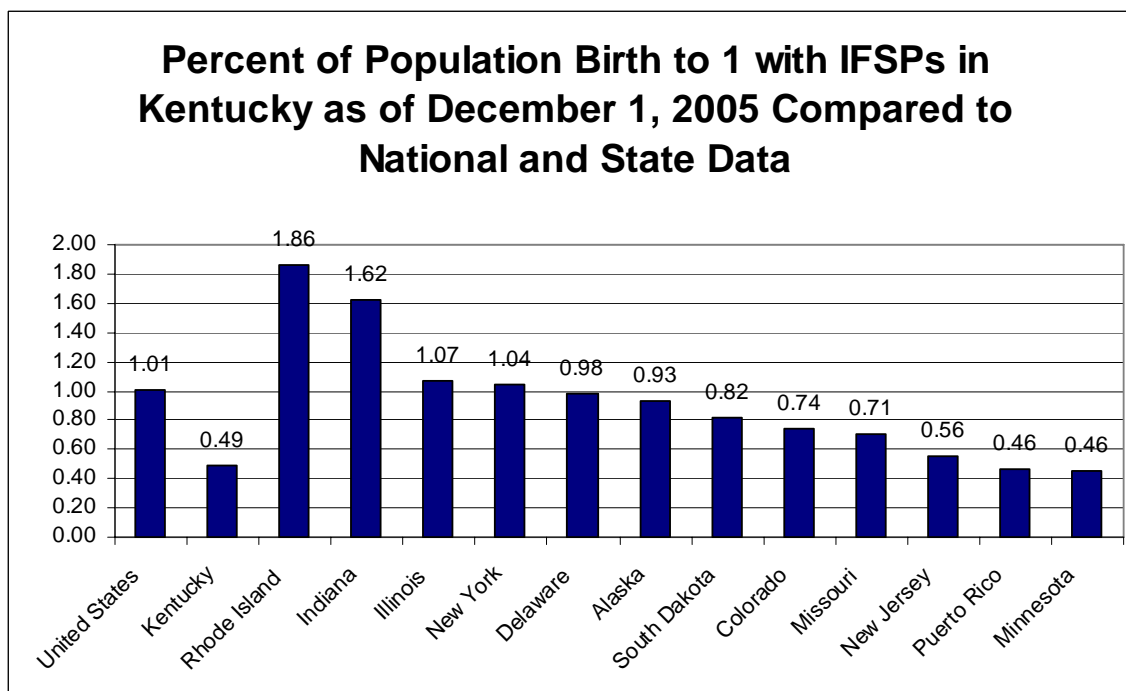


Figure 2

Kentucky's 2005 rate of 0.49 percent of children served between the ages of birth to 1 is lower than the national average of 1.01 percent. Kentucky has a higher rate as compared to Minnesota and Puerto Rico, who have similar service definitions.

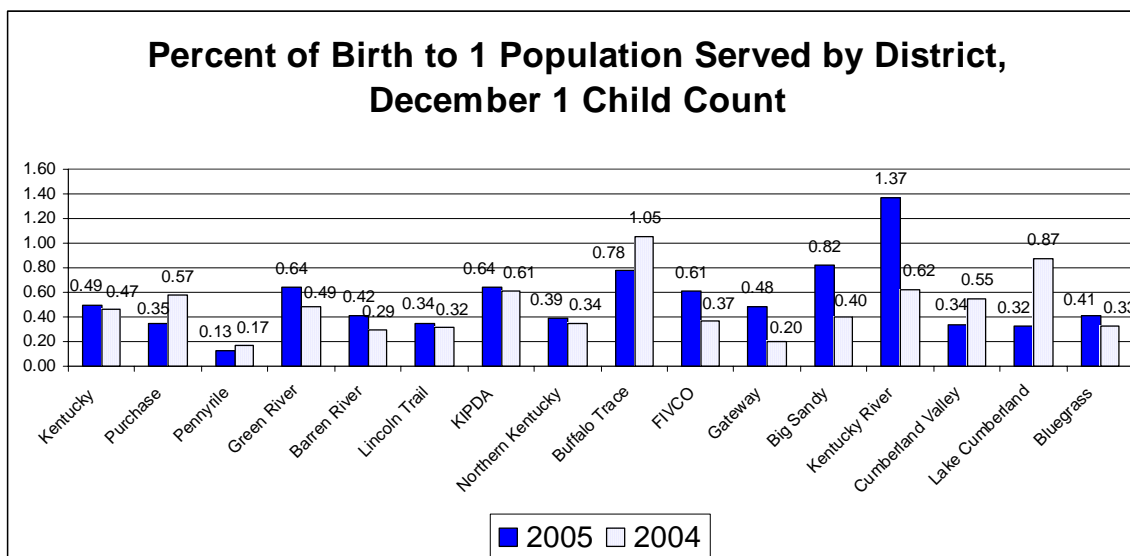


Figure 3

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 1 population served as of the December 1, 2005 child count (see figure 3). Overall, Kentucky served .49% of the birth to 1 population in FY 2005. Green River, KIPDA, Buffalo Trace, and Kentucky River all exceeded the state average for the past two years. In addition, increases in the rate in FIVCO and Big Sandy pushed those districts ahead of the state rate in 2005. Cumberland Valley and Lake Cumberland and Purchase saw participation rates that fell to below the state average. It should be noted, however, that due to small populations in some Kentucky districts, the birth to one numbers are correspondingly small. For example, the difference in rate in Gateway district is a difference of 2 children in 2004 to 5 children in 2005. In a large district like Bluegrass or KIPDA, such a small change would not have the effect of doubling the rate. It is inappropriate to draw too many conclusions in a district where a single multiple birth can double the participation rate. Clearly, however some districts are definitely on the right track. Kentucky River went from a rate of .62 in 2004 to 1.37 in 2005. While the numbers are still small, this amounted to going from 9 birth to one babies on December 1, 2004 to 19 on December 1, 2005, more than doubling the infants in the program in the district.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Revise and renew the memorandum of agreement with Head Start/Early Head Start which addresses mutual referral policies.	December 2005	Within this reporting period Activity 1 is the focus of Kentucky efforts. This activity involves the revision and renewal of a memorandum of agreement with Head Start/Early Head Start to address mutual referral policies. The Part C Coordinator has developed a document that has been presented to Head Start/Early Head Start and we are awaiting final signatures.

APR Template – Part C (4)

Kentucky
State

2. Meet with Neonatal Follow-up programs and discuss strategies to increase referrals from those programs.	January 2006	Activity 2 has resulted in the initiation of a series of meetings between the Cabinet (Dr Ruth Ann Shepherd, Adult and Child Health Improvement Director/Acting Director over the Division of Women's Physical and Mental Health) and Neonatal Follow-up programs. The focus of the meetings are oriented at increasing referrals into the First Steps program, consistency of services to infants and toddlers, as well as service provision within local communities through outreach programs.
3. Train Point of Entry Staff on the importance of early identification and enrollment in First Steps and identify strategies to improve identification Birth – 1 for each individual Point of Entry site.	February 2006	Activity 3 involves additional training on early identification through Child Find efforts; with a special focus on Kentucky pediatricians.
4. Target child find visits to educate Kentucky Pediatricians about the eligibility requirements for First Steps and the referral process.	July 2006 – June 2007	<p>Activity 4 (like Activity 3) involves additional training on early identification through Child Find efforts. However in Activity 4 the efforts focus on Kentucky pediatricians. Furthermore, Activity 4 is supported by each District Early Intervention Committee by having a Child Find Committee that conducts general activities. Points of Entry across the state have initiated this activity by visiting Kentucky Pediatricians to support Child find activities in clinics, hospitals, and offices to inform and educate them about eligibility requirements and the referral process. In July through October, 2006, 18 specific Child Find activities were conducted.</p> <p>Additionally general Child Find activities conducted across the state included: visits to elementary schools, preschools, child care & day care centers; booths at health fairs and other community activities; presentations at university classes, brochure placement and handouts; product distribution with First Steps information (pens, calendars, cups, etc.) letters to agencies, public service announcements; and baby showers.</p>
5. Develop a communication & referral process for newborns identified by the Expanded Newborn Metabolic Screening Program and the Kentucky Birth Surveillance Registry (KBSR) in Kentucky.	July 2006 – June 2007	In 2005, staff in Adult and Child Health Improvement initiated development of a grant that would have a positive influence on Activities 5 and 8. The proposal includes integration of newborn screening and birth defects data with the First Steps System to automate referrals. This project is funded for \$500,000.00 over 5 years and will result in improved Child Find efforts in Kentucky.

APR Template – Part C (4)

Kentucky
State

6. Increase child find efforts in foster care settings.	July 2007 – June 2008	In reviewing activity 6, policy and procedures are in place for all CAPTA children are automatically referred to First Steps. These children are then screened for eligibility determination. Additional training to support these efforts are underway through the Kentucky Early Childhood Transition Project, which is currently working to develop training for foster parents in Kentucky.
7. Increase Child Find efforts in Family Resource Centers and with Early Childhood Councils.	July 2007 – June 2008	Through the Transition Contracts (KECTP) and Part C Coordinator efforts have been initiated to complete this target. Planning meetings were held and additional training is planned to be completed during the projected timeline.
8. Improve the communication & referral process for newborns identified by the Kentucky Universal Newborn Hearing Screening Program (UNHS) in Kentucky.	July 2006 – June 2007	A meeting of the UNHS Board is scheduled for February 21, 2007. First Steps staff are invited and attend UNHS Board meetings. Improved communication and referral has been placed on this Board meeting agenda.
9. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2007 – June 2008	Activity 9 was initiated through a charge to the Evaluation Committee through the ICC, currently these issues are under advisement.
10. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Central Office will explore this option with the assistance of a workgroup of the System Design Team that is being convened in January, 2007. Recommendations will be reviewed with the Evaluation Committee of the ICC.
11. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	The Early Childhood Development Branch anticipates hiring an epidemiologist in 2007. This individual will have responsibility for completing this task under the direction of the Part C Coordinator.

While Kentucky has undertaken a number of Improvement Activities to address its failure to achieve established performance targets, we continue to fall short. First Steps administration is convening a workgroup of a larger System Design Team; a primary focus of whose will be Child Find/Program Participation. It is anticipated that this workgroup, which will meet throughout the months of February, March and April, 2007, will review the Improvement Activities completed and underway, assess barriers to performance improvement and provide the administration with strategies for increasing Child Find/Program Participation in SFY 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005

We have experienced improvements in our referral of infant's birth through 1 year of age. However, in an effort to reach our measurable and rigorous targets, changes in the First Steps system will support further improvements. As described in Figure 1, the Regulation emphasizing the delay requirement in service provision to Established Risk children has been repealed. Furthermore, changes in regulation in 2003 resulted in a reduction in the established risk list. Activity 13 will support entry of children with Established Risk into the First Steps system. Through Activity 13 we will establish a procedure where the Established Risk list will be systematically reviewed.

In addition, to improve our Child Find efforts we have added new activities to our plans for current implementation in 2007.

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
12. Support Child find efforts in the local districts (DEICs and POEs) by lead agency providing training to the TA and they will in turn provide support to local community.	January 2007 – June 2011	Activity 12 supports the information and training in the area of Child Find. This activity has been imitated in 2006 and a training plan is in place for 2007. The Training Coordinator will facilitate this activity.
13. To review our established risk list yearly to ensure pertinent conditions are included that have a high probability of significant delay.	January 2007 – June 2011	Activity 13 will result in policy that will ensure that established risk conditions are reviewed annually. Central Office will be responsible for the coordination of this activity. The Part C Coordinator will facilitate this activity.
14. Review child screening procedures and revise those found to be a deterrent to children entering the system.	April 2007 – June 2011	Activity 14 was developed to address a problem identified by the Point of Entry staff, who report that the Kentucky Screening System using the DOCS is eliminating the Birth to one population from service. Many of the children who are denied services are later found to be qualified either by a five area assessment conducted by the Primary Level Evaluator or the child enters the system at a later date because of a second referral or concern of the family. In addition to concerns coming from field staff, a 2005 pilot study (n=25) calls into question the effectiveness of the DOCS as a

		<p>screening tool for the birth to one population. Findings of the study suggest that infant's were excluded from services based on the screening and were later found to be eligible. The findings further suggest that children were excluded due to the combination of gross and fine motor scores, as well as the combination for receptive and expressive scores. Also, due to the limited number of items on the DOCS for children less than 6 months of age. These concerns resulted in the addition of Activity 14. The Part C Coordinator and QA Administrator will facilitate this activity with the assistance of a stakeholder workgroup convened in January, 2007.</p>
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SPP Template – Part C (3)

Kentucky
State

2009 (2009-2010)	To be determined
2010 (2010-2011)	To be determined

Improvement Activities/Timelines/Resources:

To be determined

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other states with similar (narrow, moderate or broad) eligibility definitions.

B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	2.35 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2006 (2006-2007)	2.40 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2007 (2007-2008)	2.45 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2008 (2008-2009)	2.50 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2009 (2009-2010)	2.55 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.
2010 (2010-2011)	2.60 % of infants and toddlers aged birth to 3 in Kentucky will have IFSPs.

Actual Target Data for FFY 2005:

Indicator 6: Percent of Infants/Toddlers Birth-3 with IFSPS

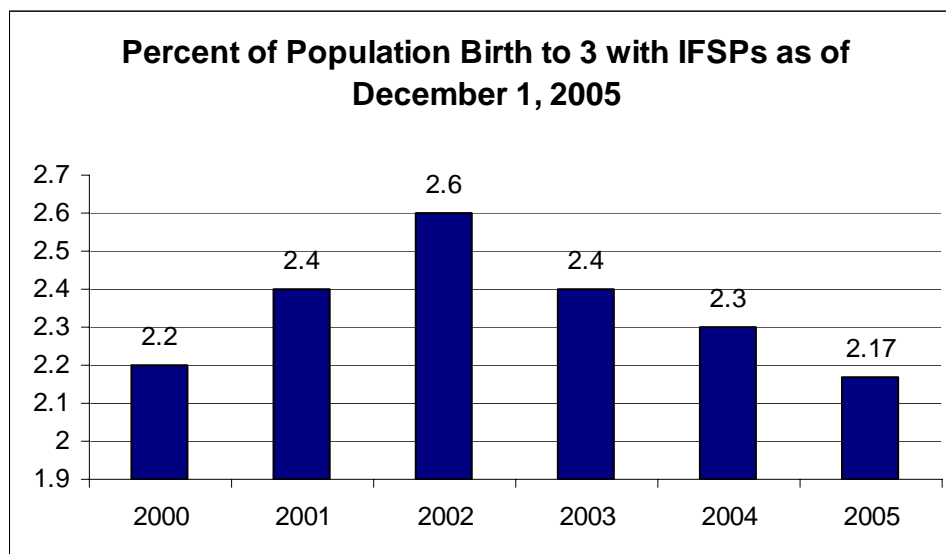


Figure 1

Since 2000, Kentucky's population of children birth to 3 was increasing until 2003 (see figure 1). Changes in regulations resulting from moving the lead agency twice may partly account for the slight decrease in percentage served. A decrease in the established risk children resulting from regulations introduced in 2002 also affected the percentage of all children birth to 3 served in Kentucky. Changes in these regulations did not result in an increased participation rate in 2005.

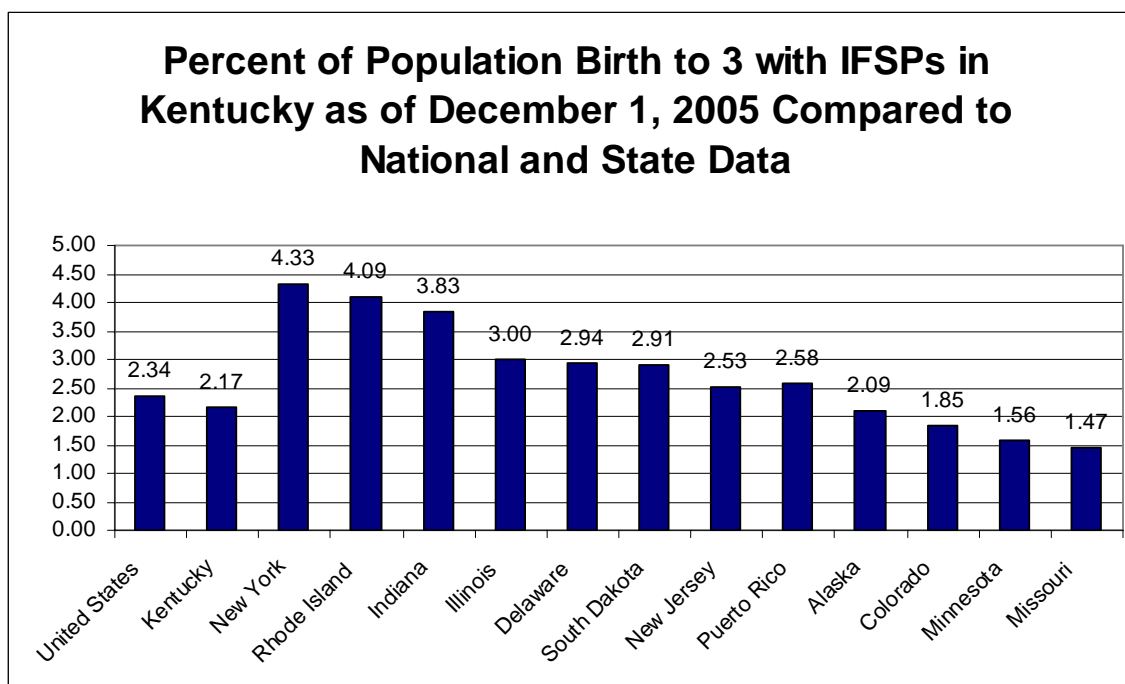


Figure 2

Kentucky's 2005 rate of 2.17 percent of children served between the ages of birth to 3 is comparable to the national average of 2.34 percent (see figure 2). Compared to states with similar eligibility requirements, Kentucky had a higher percentage than Missouri, Minnesota, Colorado, and Alaska.

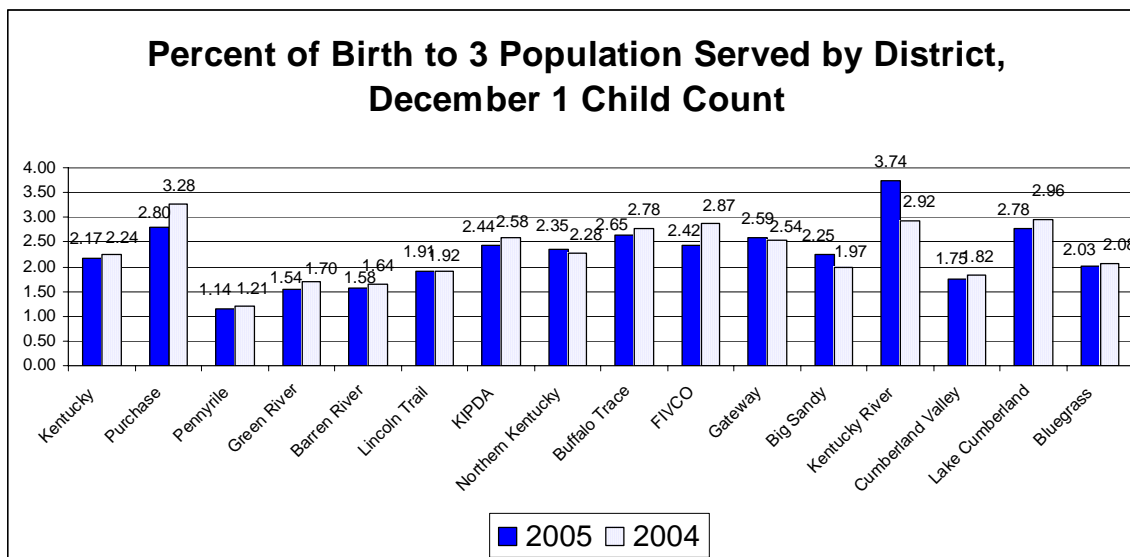


Figure 3

Across the districts of Kentucky, there is considerable variation as to the percentage of the birth to 3 population served as of the December 1, 2005 child count (see figure 3). Overall, Kentucky served 2.17% of the birth to 1 population in FY 2005. Purchase, KIPDA, Northern Kentucky, Buffalo Trace, Gateway, Kentucky River, and Lake Cumberland have all exceeded the state rate for two years. In addition, increases in the rate in Big Sandy pushed that district ahead of the state rate in 2005. As for the birth to one rates, it should be noted that small populations in some Kentucky districts inflate the participation rates. However, this is not as problematic for the birth to three numbers as for the birth to one numbers because of the wider age span resulting in larger numbers. Kentucky's two smallest districts are Buffalo Trace and Gateway. Kentucky River had more than doubled its birth to one numbers in 2005 and the trend continued to the birth to three numbers. The participation rate in Kentucky River went from 2.92% to 3.74% of population birth to three. Although a small district, this amounted to an additional 21 children.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

Activities within this indicator were not projected to be reported within this fiscal year. However, we have initiated efforts to complete activities that will potentially support Child Find in Kentucky.

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Ensure that all interagency partners are involved in Child Find as reported by the Kentucky Early Childhood Transition Project (KECTP).	July 2006 – June 2007	Activity 1 has been initiated through the Kentucky Early Childhood Transition Project where a <i>Transition Planning for Early Childhood</i> document has been drafted and signed by all interagency partners and is

APR Template – Part C (4)

Kentucky
State

		awaiting full implementation. The goal of the plan is to define the roles and responsibilities of participating Kentucky agencies for specific transition activities and required services and to provide guidance for their implementation. In addition to the transition agreement, there is a formal plan to provide training, technical support, and to evaluate the success of transition procedures.
2. Expand strategies used in birth to 1 to the birth to 3 populations. Those include child find in foster care, family resource centers, head start/early head start, with pediatricians and with Early Childhood Councils in Kentucky.	July 2006 – June 2007	<p>Activity 2 like those found in Indicator 5 is supported by each DEIC by having a Child Find Committee who conduct general activities. Point of Entries across the state have initiated this activity by visiting Kentucky Pediatricians to support Child find Activities in clinics, hospitals, and offices to inform and educate them about eligibility requirements and the referral process. In July through October, 2006, 18 specific Child Find Activities were conducted.</p> <p>General Child Find activities conducted across the state included; visits to elementary schools, preschools, child care & day care centers; booths at health fairs and other community activities; presentations at university classes, brochure placement and handouts; product distribution with First Steps information (pens, calendars, cups, etc.) letters to agencies, public service announcements; and baby showers.</p>
3. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2006 – June 2007	Activity 3 has been initiated through a charge to the Evaluation Committee through the ICC, currently these issues are under advisement.
4. Work with KDE to obtain data from Part B on eligible 3 and 4 year olds who did not participate in Part C to identify potential gaps in child find for Part C.	July 2006 – June 2007	KDE staff will review existing school district reports and modify as needed in order to ensure that data regarding Part B eligible children who did not participate in Part C is accessible. The Part C Coordinator will continue to work with KDE staff on the sharing of this data.
5. Investigate the possibility of a seven domain rather than a five domain system for eligibility as this will likely result in greater eligibility for the areas of motor and communication delays.	July 2007 – June 2008	Central Office will explore this option with the assistance of a workgroup of the System Design Team that is being convened in January, 2007. Recommendations will be reviewed with the Evaluation Committee of the ICC.

6. Investigate repeating the epidemiology study done in 1995 in Kentucky to predict the estimated incidence of developmental delay in the state.	July 2008 – June 2009	The Early Childhood Development Branch anticipates hiring an epidemiologist in 2007. This individual will have responsibility for completing this task under the direction of the Part C Coordinator.
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While Kentucky has undertaken a number of Improvement Activities to address its failure to achieve established performance targets, we continue to fall short. The stakeholder group feels that the slippage in performance is due to system changes including regulation changes and lead agency changes as well as a decrease in established risk conditions. First Steps administration is convening a workgroup of a larger System Design Team for whom a primary focus will be Child Find/Program Participation. It is anticipated that this workgroup, which will meet throughout the months of February, March and April, 2007, will review the Improvement Activities completed and underway, assess barriers to performance improvement and provide the administration with strategies for increasing Child Find/Program Participation in SFY 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005:

We have experienced a decrease in the percentage of IFSPs for children who are birth to three years of age. In reviewing changes in the First Steps system that may have resulted in these limited improvements, these findings suggest that changes in our Established Risk may have significantly contributed to these results. In an effort to improve our Child find efforts we have added new activities to our plans for current implementation in 2007. These activities include #7, 8, 9 and 10.

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
7. Support Child find efforts in local districts (DEICs and POEs). This will be accomplished by the lead agency providing training to the TA teams and they will in turn provide support to local community.	January 2007 – June 2011	Activity 7 supports the provision of information and training in the area of Child Find at all levels within the system of early intervention and community service providers. The Training Coordinator will facilitate this activity.
8. To review our established risk list yearly to ensure pertinent conditions are included that have a high probability of significant delay.	January 2007 – June 2011	Like indicator 5 describes, Kentucky has repealed regulation emphasizing the delay requirement in service provision to Established Risk children. Furthermore, changes in regulation in 2003 resulted in a reduction in the established risk list. Through Activity 8 we will establish a policy where the list will be systematically reviewed and modified to support identification of children with a high probability of significant developmental difficulties/delay. Activity 8 will result in policy that will ensure that established risk conditions being reviewed annually. This will accomplished through a charge to the evaluation sub-committee of the ICC. The Part C Coordinator will facilitate this

		activity.
9. Review child screening procedures and revise those found to be a deterrent to children entering the system.	April 2007 – June 2011	<p>Activity 9 (also found in Indicator 5) was developed to address a problem identified by the Point of Entry staffs who are reporting that the Kentucky Screening System using the DOCS is eliminating the Birth to one population from service. Many of the children who are denied services are later found to be qualified either by a five area assessment conducted by the Primary Level Evaluator or the child enters the system at a later date because of a second referral or concern of the family.</p> <p>In addition to concerns coming from field staff, a 2005 pilot study (n=25) calls into question the effectiveness of the DOCS as a screening tool for the birth to one population. Findings of the study suggest that infants were excluded from services based on the screening and were later found to be eligible. The findings further suggest that children were excluded due to the combination of gross and fine motor scores, as well as the combination for receptive and expressive scores. Also, due to the limited number of items on the DOCS for children less than 6 months of age. These concerns resulted in the addition of Activity 9. The Part C Coordinator and QA Administrator will facilitate this activity with the assistance of a stakeholder workgroup convened in January, 2007.</p>
10. Ensure that POE are appropriately staffed to accommodate increase Child Find referral rates.	July 2007 – June 2011	<p>Kentucky's Child Find activities and goals will be ineffective without proper staff to handle the increase in referrals (Activity 10). Expanded Child Find efforts will assumedly result in a rise in referrals. Increased referrals will require additional personnel resources at the POE. This activity supports the review of duties, paperwork, and efforts in Kentucky's POE. Furthermore, if the POE's are understaffed then our Child Find efforts will have a more negative than positive impact on the system. Furthermore, this activity will support an overall structure to the POE system resulting in consistent service provision statewide. The Part C Coordinator will monitor this activity.</p>

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: see Overview of Kentucky's State Annual Performance Report Development Process document.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C / CHILD FIND

Indicator 7: Percent of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 USC 1416(a) (3) (B) and 1442)

Measurement: Percent = # of eligible infants and toddlers with IFSP's for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100. Account for untimely evaluations.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2006 (2006-2007)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2007 (2007-2008)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2008 (2008-2009)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2009 (2009-2010)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2010 (2010-2011)	100% of eligible infants and toddlers in Kentucky will have evaluation, assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

Actual Target Data for FFY 2005:

The percent of children who had a timely IFSP between July 1, 2005 and June 30, 2006 in Kentucky is 53% (52.6%). Figure 1, below, reflects Kentucky's performance on this indicator for the past four years. Although still out of compliance with federal mandates, a significant improvement was noted from 2005 to 2006.

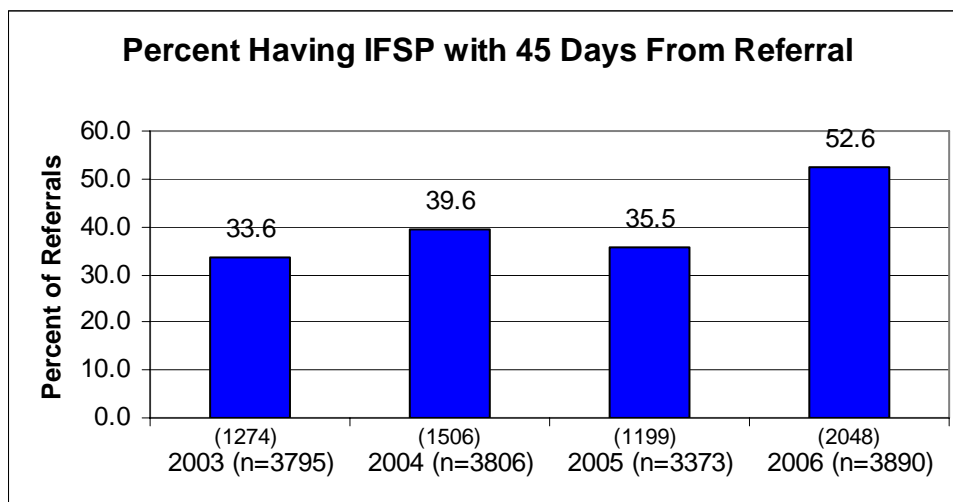


Figure 1

To provide more data on the 45-day timeline, during August of 2005, a survey was sent to each Point of Entry (POE) office for every child who had not achieved an IFSP in 45 days between July 1, 2004 and June 30, 2005. The survey asked Initial Service Coordinators (ISCs) to specify the reason(s) why the 45-day timeline was not met for each particular child. Many reasons for IFSP delay were documented, and this process resulted in a new form for point of entry staff to complete for each referral beginning in December, 2005. Because the form was implemented in December, data is not available for IFSPs created between July 2005 and December 2005, when the new form was implemented. Data presented in this report for IFSP delay reason counts only those with documented reason. When counting the percent having a family-driven delay, only those with documented family delays are counted. Those for whom we do not have data are counted as not having a family driven delay. This means that because of the late implementation and because some of the reasons for delay were not reported, we are likely under-counting those with family delays. With full implementation of this documentation system now in process, this issue should be resolved and it is anticipated that data reported on the next APR (FFY 2006) will be void of these problems.

When all July 1, 2005 to June 30, 2006 IFSPs are taken into consideration with regard to the 45-day timeline and the source of the delay in meeting the timeline (if any), the data show that 61% either met the timeline or had a delay in meeting the timeline driven by an exceptional family circumstance. That is, 8% of all IFSPs were delayed as a result of family-driven circumstances. In contrast, 39% were delayed beyond 45 days for reasons not caused by the family (see Figure 2), including delays in receiving evaluation and/or assessment reports, scheduling difficulties, delays in receiving necessary paperwork (i.e. medical records, guardianship/consent documentation for wards of the state), and provider shortages (including service coordinator shortages).

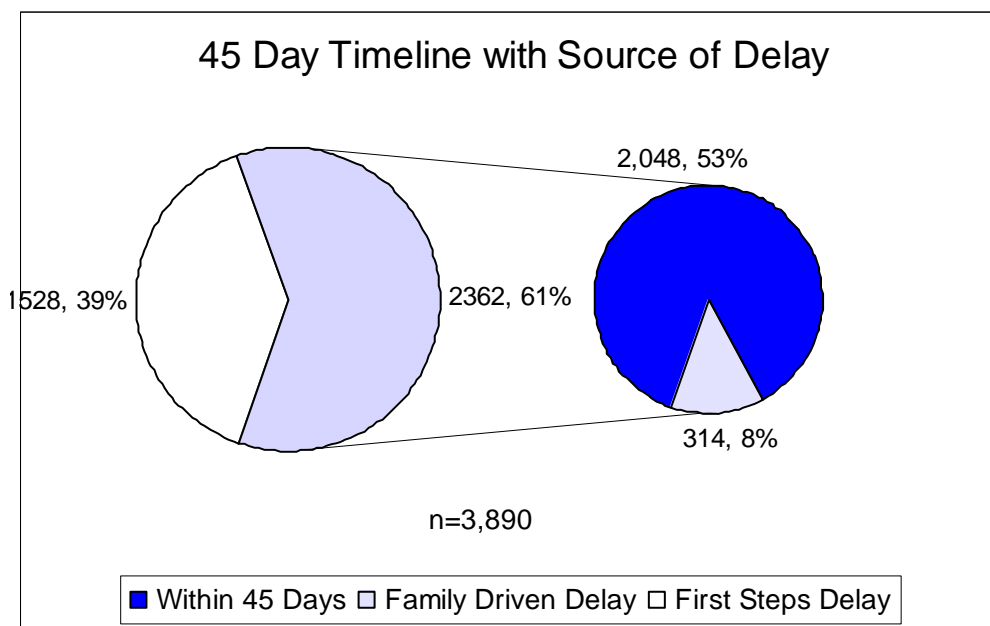


Figure 2

Service coordinators document the reason for delay beyond 45 calendar days on a form submitted to CBIS. Family reasons for delay include the following three reasons: 1. Family/Child/State Guardian Not Available, 2. Family/Child Illness/Sickness, and 3. Family Choice of Providers Caused Delay. As indicated above, service coordinators report that delays in meeting the 45 day timeline driven by exceptional family circumstances represent 8% of all 45 day delays. First Steps Central Office staff have discussed this finding with CBIS staff and POE staff. It is believed that the number of “family” delays is being underreported. The form used by POE staff to report delays is somewhat new and the requirements for completion, until recently, have been variably interpreted. POE staff were trained on completion of the form during the January, 2007 POE Quarterly Meeting, which should improve SFY07 reporting.

APR Template – Part C (4)

KENTUCKY
State

Since intake in Kentucky occurs in 15 regional (district) points of entry, it is noteworthy to look at the differences between the districts on this indicator. Some districts have a much higher rate of successful IFSP completion within the 45 day timeframe than others. FIVCO, one of Kentucky's easternmost districts, had the highest rate of timely IFSP completion (96%; see figure 3). Every district improved over their performance in state fiscal year 2005 (FFY 2004). However, all districts fall short of the federally mandated goal of 100%. As can be seen in the Figure below, in state FY 2005 (FFY 2004) only 3 districts managed to have a majority of their IFSPs completed on time: Lake Cumberland (61%), FIVCO (84%) and Buffalo Trace (71%). In contrast, for state FY 2006 (FFY 2005) this had improved to nine of the fifteen districts: Lake Cumberland (67%), FIVCO (96%), Buffalo Trace (74%), as well as Cumberland Valley (57%), Kentucky River (58%), Big Sandy (73%), Gateway (78%), Northern Kentucky (70%), and Green River (60%). Thus, in all areas significant gains are noted but further improvements are necessary.

	Total Number of IFSPs		IFSPs within 45 Days		Percent Within 45 Days	
	FFY 2004	FFY 2005	FFY 2004	FFY 2005	FFY 2004	FFY 2005
Kentucky	3373	3,890	1199	2,048	35.5	52.6
Purchase	192	204	62	91	32.3	44.8
Pennyrile	117	132	18	43	15.4	32.3
Green River	153	149	65	89	42.5	60.1
Barren River	181	184	41	56	22.7	30.3
Lincoln Trail	176	226	13	109	7.4	48.4
Kentuckiana	866	1,023	353	485	40.8	47.3
Northern Kentucky	400	470	183	328	45.8	69.8
Buffalo Trace	58	62	41	46	70.7	74.2
FIVCO	88	109	74	105	84.1	95.5
Gateway	57	66	8	52	14.0	77.6
Big Sandy	125	152	29	111	23.2	73.0
Kentucky River	125	172	27	97	21.6	58.1
Cumberland Valley	141	163	39	91	27.7	56.5
Lake Cumberland	193	188	118	127	61.1	67.2
Bluegrass	501	590	128	218	25.5	36.8

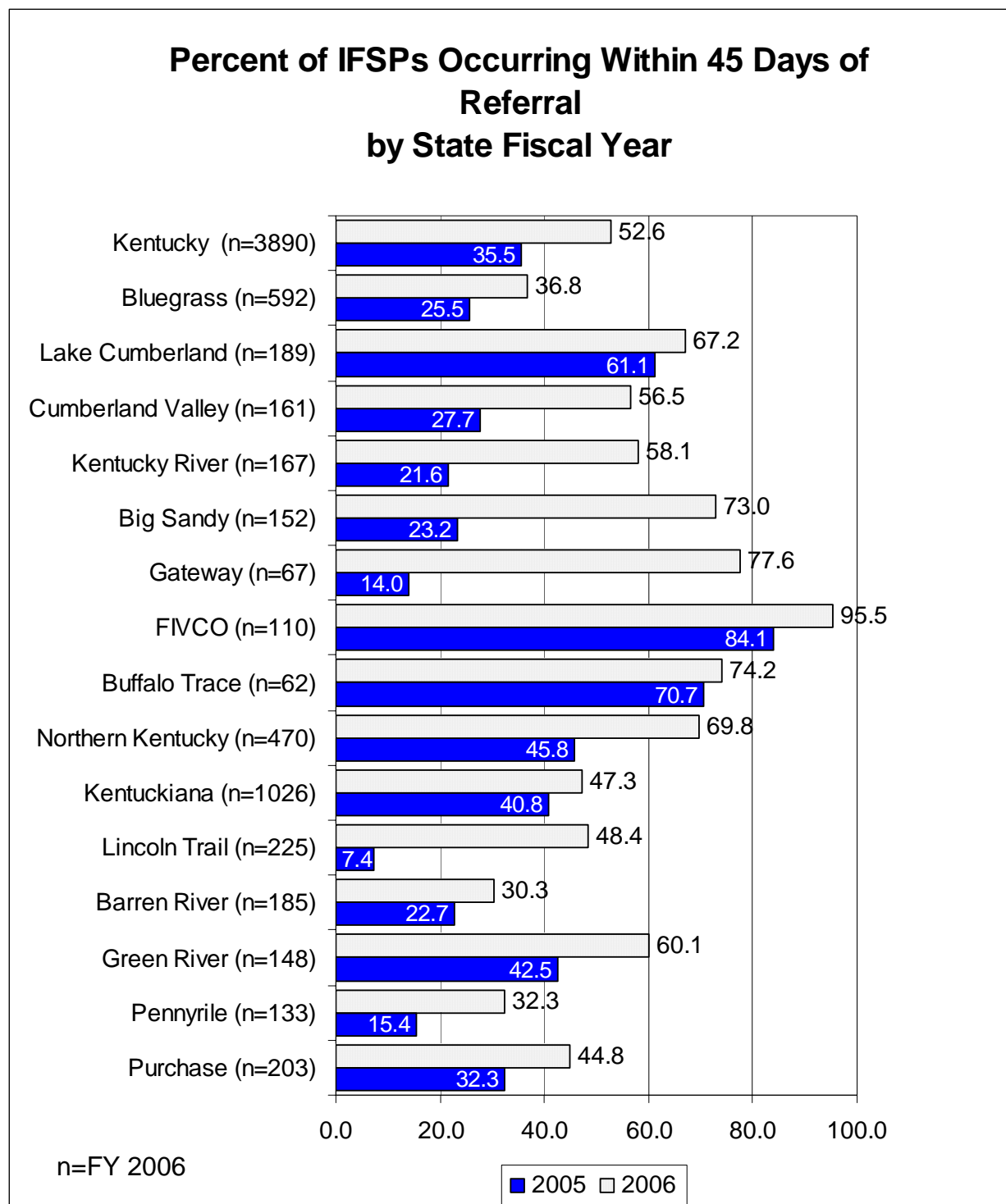


Figure 3

Districts also varied as to the reason they gave for late IFSPs. Kentuckiana, the most urban of all Kentucky districts, most often gave the unavailability of the family, child, or state guardian as the reason for the delay (90%). Districts not shown in figure 4 have too few cases with recorded reasons to show meaningfully. Also not shown in this chart, Lake Cumberland and Lincoln Trail continued to have problems with ISC shortage resulting in significant delays in IFSP completion (54% and 57%, respectively).

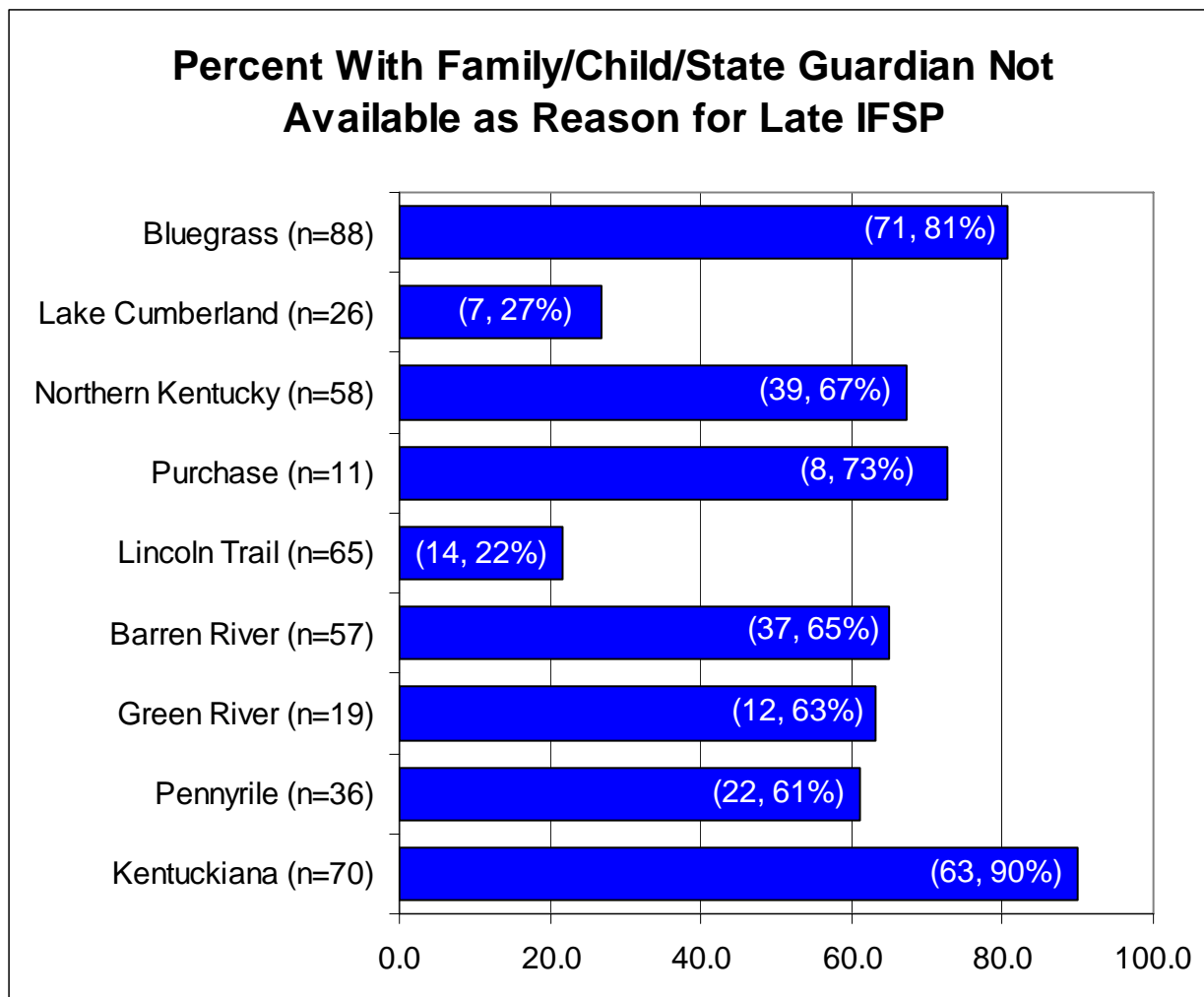
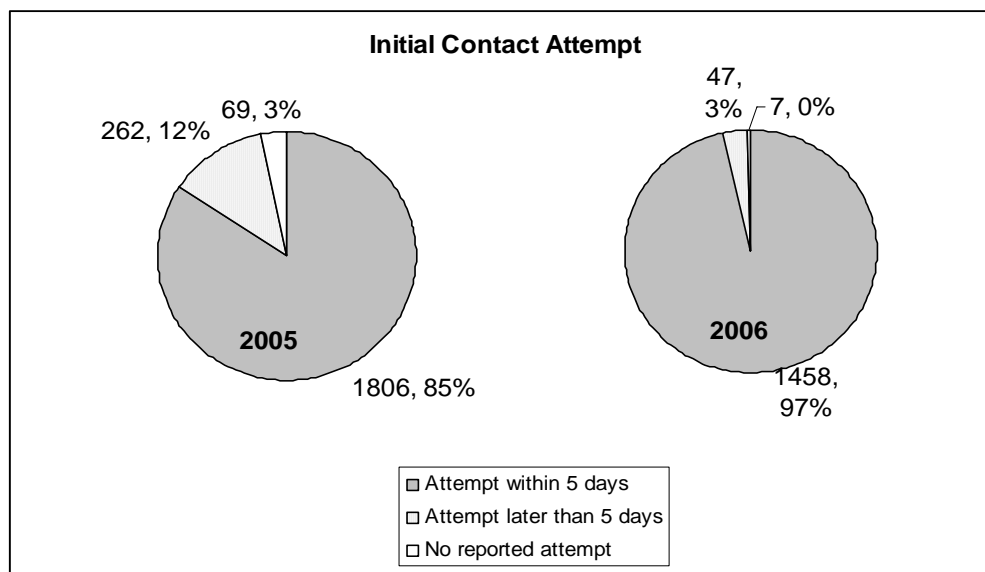


Figure 4

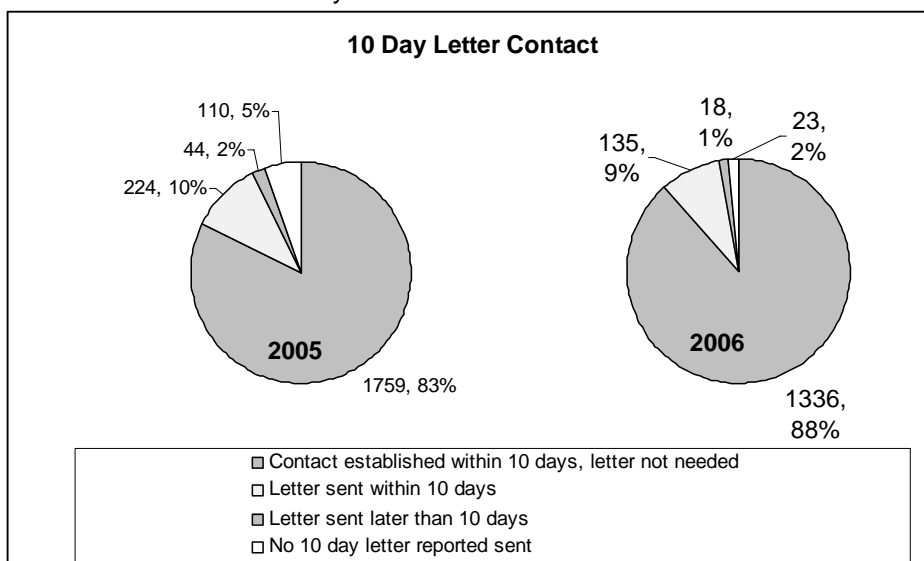
Lastly, it is useful to note what initial service coordinators did with respect to certain Kentucky regulations that are intended to enhance meeting the 45 day requirement. 911 KAR 2:110 Section 1(6)(c) states “If it is determined that the referral, is appropriate, POE staff shall contact the family by telephone or letter within five (5) working days...” The forms implemented in December, 2005 asked “Did you attempt to contact this family within 5 days of the referral date to inform them about First Steps services, advise them that the services were voluntary, and ask if they would like to schedule a home visit?” Results are shown below in Figure 5. ISCs made the initial contact attempt within 5 days 85% of the time in 2005, but this improved to 97% of the time in 2006. An additional 12% made a late initial contact in 2005. In 2006, more effort was made to make initial contacts within the 5 days required by state regulation.

Figure 5



Additionally, 911 KAR 2:110 Section 1(6)(f) states that “If efforts to contact the family by telephone and in writing fail, in order to bring closure to the referral the POE staff shall send a follow-up letter within ten (10) working days of the referral encouraging the family to contact the POE at anytime.” The new form also asks “Did you make a follow-up contact attempt by letter within 10 days from the referral date?” Results are shown below in Figure 6. Most (88%) did not require a follow-up letter because contact had already been established. Nine percent did have a follow-up letter sent by the point of entry within 10 days, while 1% received a letter later than 10 days.

Figure 6



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. When there is an ISC vacancy, require contractors to recruit a replacement quickly, then have TA Team provide one-on-one training to newly hired ISC, so they can begin providing services sooner and not have to wait for the next regularly scheduled training module.	July 2005	While specific contractual steps have not been taken to require contractors to recruit ISC replacements quickly, the First Steps POE Liaison remains in close contact with each POE office, consults with POE administration when a vacancy is predicted or encountered, and assists in identifying qualified staff and facilitating training to the best of her ability. In addition, the TATs have increased the frequency of initial First Steps trainings to allow new providers to enter the system more quickly and efficiently. TATs have increased the frequency of "emergency" training and have even conducted one-on-one training in extreme circumstances.
2. Have staff position that provides supervision/oversight to Primary Level Evaluators to further ensure that evaluations are completed timely.	August 2005	Completed
3. Gather monitoring data on each POE relative to the 45 day timeline; analyze for problem areas.	July 2005 - June 2006	Completed
4. Provide training to POE's on any problems identified by monitoring of 45-day timeline.	July 2005 - June 2006	Completed
5. Provide training to the agencies who hold Point of Entry contracts on the requirement of the 45-day timeline	July 2005 – June 2006	Completed
6. Provide training to all providers on the requirement of the 45-day timeline to increase awareness of all providers contribution to meeting this requirement	July 2005 – June 2006	In December, 2006 a letter was sent to all providers and other stakeholders reinforcing the importance of the 45 day timeline, restating Kentucky's 2005 performance data and requesting collaboration and cooperation in the effort to address the non-compliance.

APR Template – Part C (4)

KENTUCKY
State

		In addition, the December, 2006 newsletter, which is posted on the First Steps website, focuses on the 45 day timeline and provides strategies for service coordinators and providers to use in addressing challenges/barriers related to the issue.
7. Investigate requiring semi-annual meetings/trainings for all providers in order to provide training/technical assistance on the 45-day timeline and other important issues.	July 2006 – June 2007	This activity is currently under advisement by First Steps administration.
8. Investigate establishment of eligibility pathways for children with the following conditions: medically fragile, social communication delay/autism spectrum, deaf/blind, and extreme prematurity.	July 2006 – June 2007	This activity is being explored by a sub-committee of the State ICC. Recommendations will be considered by First Steps administration.
9. Investigate changing the state regulation time line for evaluation from 14 calendar days to 10 calendar days and the assessment time line from 10 working days to 10 calendar days.	July 2006 – June 2007	This activity is being explored by First Steps administration.
10. Recruit and retain adequate supply of service providers to meet evaluation, assessment and initial service coordination needs.	July 2007- June 2008	Provider recruitment is, and will continue to be, an area of focus for the First Steps program. Program staff are currently working to develop a mechanism by which to measure provider shortages across the state in order to systematically target provider recruitment efforts. In addition, Program staff are reviewing the roles of system stakeholders (i.e. POEs, TATs) to ensure that due attention is given to provider recruitment efforts.
11. Investigate the development of standard forms for all formal First Steps processes/procedures that meet state criteria. (i.e. discharge summaries; intake forms; progress notes, etc.)	July 2008 – June 2009	A Forms workgroup was established in December, 2006.
12. Investigate having Points of Entry also do Primary Level Evaluations in order to shorten the time requirements for evaluation.	July 2008 – June 2009	This activity is being explored by First Steps administration.

With regard to specific improvement activities, Kentucky has completed a number of these activities already and that is likely in part responsible for the improvements noted already relative to last years' data. To combat provider shortages throughout the state, the TAs have increased the frequency of initial First Steps trainings to allow new providers to enter the system more quickly and efficiently. Where necessary, the TAs have made some attempt to complete individualized one-on-one training. Initial First Steps trainings are also now being offered monthly throughout the state (vs. in the past where trainings were rotated throughout the state and required either a new provider/ISC to travel long distances or wait several months until a training was offered in their area).

To address delays in the 45-day timeline related to completion of Primary Level Evaluations (PLEs), Kentucky established a staff position that provides oversight and supervision of the Primary Level Evaluators. Twice annual trainings are also required for all Primary Level Evaluators and trainings have been provided to them in the past year regarding the 45-day timeline, their role in helping make this timeline, and regulations regarding the time they have to complete their evaluations. As indicated earlier, service coordinators complete a form that identifies the reason for delay in meeting the 45-day timeline. One reason for delay is *Delay In Receiving PLE Report*. In FFY 2004, delays in receiving the PLE report accounted for 19.4% of IFSP delays. In FFY 2005 that decreased to just 4%. Thus, it appears that Kentucky's decision to provide oversight and supervision of the PLEs has had a significant impact on our overall success rate.

With regard to improvement activity numbers 3 - 7, Kentucky has gathered data from each of the POE's relative to the 45-day timeline and reasons for failure to meet the 45-day timeline, as reported above. The TA's and the central staff have shared the data collected with the POE's in an effort to correct problem areas. Although not specifically indicated as an improvement activity in the Kentucky SPP, this data has also been presented at other local provider meetings (e.g. local PSC meetings) in further effort to improve areas of weakness. With regard to more generalized training, letters from the Central Office were sent to all POE contract holders regarding the requirement of the 45-day timeline. Training has also been completed for the Primary Service Coordinators (PSCs). Thus, training has been completed in the past year for PSCs, PLEs, and POEs. At this time there is no forum to require non ISC/PSC/PLE providers to attend training so similar training may not have reached other providers (e.g. therapists in the field). In order to address this factor, the First Steps December newsletter is devoted to the 45-day timeline. This newsletter offers strategies for addressing barriers to compliance and highlights local successes. The First Steps newsletter is posted on the First Steps website and can be accessed at <http://chfs.ky.gov/dph/firststeps.htm>. Finally, the central office is also investigating requiring regular trainings for ALL providers in order to provide training and technical assistance on important issues such as the 45-day timeline and they are looking at the most efficient and cost effective manner to conduct these trainings (e.g. on line, face to face, teleconference).

Regarding improvement activity 8, Kentucky is currently investigating using eligibility pathways for children with complex conditions (e.g. medically fragile, premature birth, suspected autism, deaf/blind children) that might further speed completion of all necessary evaluations and assessments on some of the most complex and potentially time consuming children entering the First Steps system.

With regard to improvement activity 9, the state continues to investigate any ideas that might quicken the process from referral into First Steps to the development of the IFSP. These ideas include one to shorten the state regulation timeline for evaluation from 14 calendar days to 10 calendar days. Other ideas including a "quick report" format have also been proposed to allow Primary Level Evaluators to get their initial findings of eligibility to the POE immediately following the evaluation so that the process of getting necessary assessments can begin while the complete formal report is pending.

Finally, with regard to improvement activities 10 – 12, which are targeted for years 2007 to 2009, Kentucky has already begun to investigate these issues. Many efforts are currently ongoing regarding recruitment of providers in areas of shortage. The Central Office has also formed a committee to begin looking at the wide variability of forms throughout the state and it is hoped that use of more standard forms throughout the state might again speed up the process of getting a child from referral to IFSP.

In support of these improvement activities, Kentucky partnered with the National Early Childhood Technical Assistance Center to develop a state improvement plan designed to facilitate compliance with the 45-day timeline. With the assistance of NECTAC, a stakeholder group was convened in May, 2006 to identify barriers to performance and to develop recommendations for improvement. Since that time, NECTAC has participated on routine phone conferences with First Steps staff to refine the state improvement plan and monitor progress toward completion of activities on the established timeline. NECTAC staff will continue to provide assistance to the First Steps program through the provision of targeted technical assistance, the coordination of requested state and national resources, and the review of draft regulations, policies and procedures.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
13. Share performance data with POE administration on a routine basis and provide targeted technical assistance to address identified performance barriers.	January 2007 – June 2011	Points of Entry need to better understand local performance in order to be able to identify and address areas of concern. The Part C Coordinator will facilitate this activity.
14. Continue to work with NECTAC on the state improvement plan to address compliance with the 45 day timeline.	January 2007 – June 2011	NECTAC has proven to be a valuable partner in helping Kentucky identify and develop strategies to address barriers to performance improvement. While we have completed 2 of the activities on the state improvement plan, there are a number of activities that remain. NECTAC will remain a partner with Kentucky as policies/procedures are developed/revised, activities are implemented/reviewed, and performance is analyzed. The Part C and Training Coordinators will facilitate this activity.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/EFFECTIVE TRANSITION

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including : A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C Transition Conference, if child potentially for Part B. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent =# of children exiting Part C who have an IFSP with Transition steps and services divided by the # of children exiting Part C times 100.
- B. Percent =# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent =# of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for part B times 100.

FFY	Measurable and Rigorous Target
2005 (2005 – 2006)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.
2006 (2006 – 2007)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.
2007 (2007 – 2008)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.

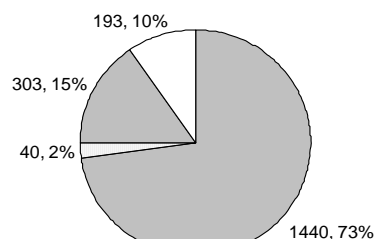
2008 (2008 – 2009)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.
2009 (2009 – 2010)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.
2010 (2010 – 2011)	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday by: A. having IFSPs with transition steps and services; B. notification of LEA if child potentially eligible for Part B; and C. a transition conference, if child potentially eligible for Part B.

Actual Target Data for FFY 2005:

- A. IFSPs with transition steps and services: We do not have data for A which refers to transition steps and services. This should come from monitoring data pulled from the IFSP Transition Plan. Since the KY IFSP form requires documentation of steps/services; the assumption can be made that all Transition Conferences held included development of a transition plan with steps and services.
- B. Notification of the LEA: This happened 100% of the time during FY 2005-2006 as a result of the GSEG, but did not start in operations until August, 2005 through a Memorandum of Understanding (MOU) with the Kentucky Department of Education (KDE). CBIS does not keep data on notification of the LEA other than in the new GSEG. On a quarterly basis, the names and contact information of all children 30 months or older who may be potentially eligible for Part B is submitted to KDE. Even though the GSEG is ending, Part C will continue with the current submission schedule through the MOU, which is renewed every 2 years.
- C. Transition Conferences: When the children found to not be eligible for Part B are excluded, 90% did receive a transition conference (see figure 2).

Figure 1

A/C. Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred including transition steps and services excluding children not eligible for Part B



☐ Part B Eligible, Had Transition Conference
☐ Exit to Other Programs, Had Transition Conference
☐ Part B Not Determined, Had Transition Conference
☐ Potentially Eligible, No Transition Conference

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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Monitor discharge summaries in each district for the date of a transition conference; and validate through program reviews.	July 2005-June 2006 Revised: July 2006-June 2007	In Process. KY has a work group currently addressing monitoring and evaluation activities. A monitoring document and record review Checklist will be developed to include this item. Regular reporting at the quarterly DEICs will occur with information included in TAT reports to KY ICC. Discharge summaries may need added cells.
2. Train all providers on importance of accurate transition planning/reporting.	July 2005-June 2006 Revised: July 2006-2007	Have not completed: This training will follow completion of the monitoring/record review document for evaluators/ Primary Service Coordinators and will include the transition steps/services documentation component. KECTP and the Training and Technical Assistance Teams have trained ongoing through the 2005-06; however, the key word here is all. This would require a mandatory training directive by Central Office or regulation. This may lead to an online training.
3. Develop State Interagency Transition Agreement between/among all EI/EC agencies.	July 2005-June 2006 Dates reported: November, 2005 – KY EC Interagency Transition Team (KECITT) formed to develop state interagency agreement June, 2006 – final review of draft	Completed. KY has a multi-faceted approach to transition which addresses systemic change at the state, regional and local level. Kentucky interagency partners issued the <i>KY EC Transition Report 2005</i> with scientifically based research recommendations to be implemented over a five year period across programs. One of the first recommendations was to develop a state interagency agreement to include all agencies serving children prenatal to six with specific responsibilities delineated across agencies. A draft agreement was developed with an agreement entered into by the following agencies: <ul style="list-style-type: none"> • Cabinet for Health and Family Services - Department of Community Based Services: Division of Child Care and Division of Regulated Child Care

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		<p>Department For Human Support Services (DHSS): Commission for Children with Special Health Care Needs and Division for Family Resource and Youth Service Centers; Department for Mental Health and Mental Retardation Services; Department for Public Health: Division of Adult and Child Health Improvement; Early Childhood Development Branch; First Steps; HANDS, Newborn Screening; Healthy Start in Child Care; Early Childhood Mental Health; and KY Birth Surveillance Registry (KBSR)</p> <ul style="list-style-type: none"> Kentucky Department of Education <p>Division of Early Childhood: Early Care and Education Branch; Community Early Childhood Councils; State-Funded Preschool Branch – Regional Training Centers</p> <ul style="list-style-type: none"> Head Start Collaboration Office: Early Head Start, Head Start Division for Exceptional Children Services <p>Supports were agreed to and provided by:</p> <ul style="list-style-type: none"> Kentucky Early Childhood Transition Project (KECTP) <p>KY Special Parent Network (KY-SPIN)</p>
<p>4. Train all providers on transition steps/roles/responsibilities/timelines.</p>	<p>July 2006-June 2007</p> <p>Dates reported:</p> <p>All documents/products updated June 2005</p>	<p>On-going. Foundation established in 2005 with updates to the Movin On Up Training, development of the Fireside Chat DVD to accompany the updated Step by Step Guide, and continual updates to the Q&A Document which provides in-depth answers to questions regarding transition steps, roles, responsibilities, and timelines. Even though the Fireside Chat DVD and the Step by Step guide is primarily used with families, it is an easy introduction to providers regarding the steps. The interagency agreement process delineates the individual roles and responsibilities and the DEICs update providers regarding changes. Timelines have been established through the KY EI to</p>

		<p>Preschool Overview and regulatory guidance – the Q&A Document updates providers regarding changes as they occur. All documents may be accessed at www.transitiononestop.org. TATS incorporate transition steps/roles/responsibilities/timelines within Provider Orientation and trainings; and KECTP provides ongoing training and technical assistance.</p> <p>Guides and DVD will need to be reproduced and disseminated on an on-going basis.</p>
5. Train all service coordinators on completion of the IFSP Transition Plan to assure appropriate documentation via web based training with pre-and post evaluation.	<p>July 2007-June 2008</p> <p>Dates reported: November, 2006</p>	<p>In process. IFSP Transition Plan web based training has been developed and posted online for input from TATs; will be reviewed and revised before roll out to PSCs in July 2007. This may need a Mandatory Training directive.</p> <p>Training will also be developed/ provided regarding the Monitoring Forms to include the transition steps/services on the IFSP.</p>
6. Replicate decisions across agencies into regional/local interagency transition agreements.	<p>July 2010-June 2011</p> <p>Dates reported: June, 2005</p> <p>June 2006</p>	<p>In process. KY had achieved its goal of local interagency agreements between all 160 school districts and First Steps by June, 2005. A recommendation within the <i>KY EC Transition Report 2005</i> included expansion of those agreements to include all children prenatal to six. Implementation began in 2005-06 with five interagency agreement pilot sites (the two largest urban districts in the state and three rural sites) and five pilot sites for Community Transition Plans (developed with all ten pilot sites).</p> <p>A State Team/Pilot Site Round Table event provided a forum for pilot site participants and the following common themes were identified:</p> <ul style="list-style-type: none"> Increased an understanding of roles and responsibilities across agencies related to transition – expanded membership brought new resources (HANDS, child care, etc.) child find links and

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	March 2005	<ul style="list-style-type: none">unity/kinship within agencies• Appreciation of one statewide transition interagency transition agreement to provide guidance and consistency for local communities with transition practice. <p>Each pilot site completed a Pre-Community Self Assessment which will be repeated in 2010 to determine level of KY EC Transition Report 2005 implementation of scientifically based research recommendations.</p>
	March 2005	<p>The regions in KY were divided up after the pilot site year to convert all existing First Steps to Preschool agreements at the regional and local level before 2010. Regional and local conveners were designated within the KY EC Transition Agreement.</p> <p>KECTP will provide assistance.</p>

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Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
7. Revise monitoring forms to include specific questions to ascertain the validity of transition steps/services listed on the IFSP.	July 2006-June 2007	As Kentucky is currently unable to accurately report data related to component A of this indicator, it is necessary to determine whether transition steps are consistently being documented on IFSP plans and subsequently occurring. The Transition Coordinator, Forms Committee and CBIS will facilitate this activity.
8. Develop and send a letter to inform families of the mandated transition steps.	July 2006-June 2007	This activity will be undertaken in an added attempt to ensure that families are aware that transition steps should be a part of their IFSP process. CBIS, Parent Consultants, and KECTP will facilitate this activity.
9. CBIS will provide family survey data annually to DEICs for dissemination to Transition Teams.	July 2006-June 2007	DEICs work closely with community partners to facilitate transition at the local level and would benefit from family survey data. CBIS and the State Transition Coordinator will facilitate this activity.
10. Work with KDE and other transition partners to monitor transition activities and address barriers to effective transition.	July 2007 – June 2011	As Transition is a priority area for Kentucky, it is necessary to continuously monitor performance related to it and to actively seek out assistance in addressing barriers to success. The Part C Coordinator and the SPP/APR Workgroup will facilitate this activity.

Improvement Activities (1-2) for 2005-06 will continue with revised timeline of 2006-07. With changes of state staff (Part C Coordinator and Training Coordinator), implementation got a late start for activities 1 and 2. The KY EC Interagency Transition Agreement will require some training and public awareness as well; but it is completed and in the process of signatures. All other activities began prior to the timeline.

KY will develop revised monitoring forms that are linked to family transition priorities and concerns, activities preparing the child and family for transition. Questions will be included that determine the number of documented delays attributable to family circumstances and the number of children for whom the family did not provide approval to conduct the transition conference.

The following steps will be included in training PSCs to educate families on the steps involved in transition: all potentially eligible children will have a transition conference; the PSC will explain to the family the mandate of transition planning and that the decision to send their child to the state preschool program or any other community program should occur following the completion of the "transition steps" which are as follows: permission for the transition conference (7 months prior to the 3rd birthday);

development of the transition plan (6 months prior); implementation of plan activities; permission to send a referral to the local education agency; referral sent (90 calendar days prior to 3rd birthday); initial ARC to act upon the referral, determine if additional evaluations are necessary, obtain consent for evaluation; second ARC to determine eligibility, develop an IEP in the LRE, obtain permission for placement- and at that time, after the family is fully informed, the decision is made. Other community options should be included with the understanding that a family will not be fully informed of all their options until after the completion of the transition steps which included the lead agency at the 3rd birthday.

A letter will be developed and sent to families by CBIS to inform each family that the “mandated” transition steps have begun with instructions to talk with their PSC and obtain a copy of the Step by Step Guide if they do not have one.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 9 – General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

A. Percent of noncompliance related to monitoring priority areas and indicator corrected within one year of identification:

- a. # of findings of noncompliance made related to priority areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = b divided by a times 100

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

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FFY	Measurable and Rigorous Target
2005 (2005 – 2006)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2006 (2006 – 2007)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2007 (2007 – 2008)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2008 (2008 – 2009)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2009 (2009 – 2010)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.
2010 (2010 – 2011)	100 % of instances of noncompliance will be identified and corrected by the general supervision system of First Steps as soon as possible but in no case later than one year from identification.

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Actual Target Data for FFY 2005:

Table A

District	Infants and toddlers with IFSPs receive the First Steps services on their IFSPs in a timely manner				Services not provided in natural environments are appropriately justified				Eligible infants and toddlers receive an evaluation, assessment and initial IFSP within 45 calendar days of referral				IFSPs include transition steps and children receive appropriate support to transition successfully			
	M	a	b	O	M	a	b	O	M	a	b	O	M	a	b	O
Barren River	8	0	0	0	8	0	0	0	8	7	7	0	11	1	0	1
Big Sandy	0	0	0	0	3	0	0	0	0	0	0	0	3	0	0	0
Bluegrass	14	1	0	1	14	0	0	0	0	0	0	0	6	3	1	2
Buffalo Trace	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	9	0	0	0	9	1	1	0	0	0	0	0	9	1	0	1
FIVCO	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0
Gateway	0	0	0	0	3	0	0	0	0	0	0	0	3	0	0	0
Green River	5	0	0	0	5	0	0	0	5	2	1	1	7	0	0	0
Kentuckiana	0	0	0	0	23	0	0	0	0	0	0	0	7	0	0	0
Kentucky River	3	0	0	0	3	1	1	0	0	0	0	0	3	1	1	0
Lake Cumberland	8	0	0	0	8	0	0	0	0	0	0	0	8	1	1	0
Lincoln Trail	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0
Northern KY	9	1	1	0	9	0	0	0	0	0	0	0	10	0	0	0
Pennyrile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Purchase	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total	56	2	1	1	92	2	2	0	13	9	8	1	69	7	3	4

M = # Monitored a = # with findings of non-compliance b = # with findings who corrected non-compliance within 1 year
O = outstanding non-compliance not corrected within 1 year

Indicator #1: Timely Service a = 2 b = 1 O = 1 $b/a \times 100 = 50\%$

The SPP submitted in December, 2005 indicated that Kentucky did not monitor for timely services during the reporting period. As Table A indicates, Kentucky did monitor for timely services during this APR reporting period. Of the 56 providers for whom timely service provision was monitored, 2 providers were found not to have provided services in a timely manner (3.6%). Of those 2 providers, 1 successfully implemented an Action Plan – effectively correcting their non-compliance within 1 year. The other provider did not submit an Action Plan and subsequently withdrew from the First Steps program.

Indicator #2: Natural Environments a = 2 b = 2 O = 0 $b/a \times 100 = 100\%$

Of the 92 providers for whom service provision in Natural Environments was monitored, 2 providers were found not to have provided services in Natural Environments and lacked justification for services in settings other than Natural Environments. Of those 2 providers, both successfully implemented an Action Plan – effectively correcting their non-compliance within 1 year.

Indicator #3 and #4: Child and Family Outcomes

As we are in the beginning stages of collecting and analyzing Child and Family Outcome data, definitions of provider/program level compliance have not yet been established and monitoring activities related to these indicators are still being developed.

Indicator #5 and #6: Child Find

Kentucky's System Points of Entry (POEs) are responsible for Child Find activities. Each POE must complete and report no less than 2 Child Find activities each month. The POE Coordinator monitors the monthly POE reports to ensure that these Child Find activities are occurring. While Child Find activities are indeed occurring on a monthly basis, program participation rates for children under 1 as well as for all children birth to three are low (see Indicators #5 and #6).

Indicator #7: 45 day timeline a = 9 b = 8 O = 1 $b/a \times 100 = 89\%$

Of the 13 providers for whom compliance with the 45 day timeline was monitored, 9 providers (69.2%) were found not to have completed (or coordinated the completion of) the evaluation, assessment and/or initial IFSP within 45 calendar days. This is similar to the FY 2005 data from the Central Billing and Information System (CBIS), which indicated that approximately 65% of children did not receive an initial IFSP within the required 45 day timeline. Of those 9 providers, 8 successfully implemented an Action Plan – effectively correcting their non-compliance within 1 year. The provider who did not correct their non-compliance within 1 year is the Point of Entry. Based on current year data, which is available for review under Indicator #7, the Point of Entry in question remains out of compliance – despite substantial improvement.

Indicator #8: Transition a = 7 b = 3 O = 4 $b/a \times 100 = 43\%$

69 programs/providers were monitored for compliance with program Transition requirements. 7 programs/providers were cited for non-compliance and 43% of those programs/providers achieved compliance within one year. The programs that did not achieve compliance within one year appear to be struggling with coordinating the Transition meeting with Part B and continue to work toward compliance in accordance with an accepted Action Plan.

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Table B

District	Infants and toddlers receive appropriate service coordination				Services not provided in natural environments are appropriately justified				First Steps services are provided by appropriately qualified providers				Infants and toddlers receive timely, comprehensive, multidisciplinary evaluation to determine eligibility			
	M	a	b	O	M	a	b	O	M	a	b	O	M	a	b	O
Barren River	0	0	0	0	8	0	0	0	8	0	0	0	0	0	0	0
Big Sandy	0	0	0	0	3	0	0	0	3	0	0	0	3	3	2	1
Bluegrass	14	1	0	1	14	0	0	0	14	0	0	0	14	0	0	0
Buffalo Trace	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumberland Valley	9	0	0	0	9	1	1	0	9	0	0	0	9	0	0	0
FIVCO	0	0	0	0	2	0	0	0	2	1	1	0	2	2	1	1
Gateway	0	0	0	0	3	0	0	0	3	0	0	0	3	3	1	2
Green River	0	0	0	0	5	0	0	0	5	0	0	0	0	0	0	0
Kentuckiana	7	2	2	0	23	1	1	0	23	0	0	0	21	2	2	0
Kentucky River	3	0	0	0	3	1	1	0	3	0	0	0	3	1	1	0
Lake Cumberland	8	0	0	0	8	0	0	0	8	0	0	0	8	1	1	0
Lincoln Trail	0	0	0	0	5	0	0	0	5	0	0	0	5	1	1	0
Northern KY	5	4	4	0	9	0	0	0	9	0	0	0	9	0	0	0
Pennyrile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Purchase	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Total	46	7	6	1	92	3	3	0	92	1	1	0	77	13	9	4

M = # Monitored a = # with findings of non-compliance b = # with findings who corrected non-compliance within 1 year
O = outstanding non-compliance not corrected within 1 year

Infants and Toddlers Receive Appropriate Service Coordination: a = 7 b = 6 O = 1 b/a x 100 = 86%

For FFY 2005 86% of programs/providers reviewed corrected areas of non-compliance related to appropriate service coordination within one year of identification. This is an increase from 82% in FFY 2004. The one provider who did not correct their non-compliance failed to submit an Action Plan and subsequently withdrew from the First Steps program.

Services Not Provided in Natural Environments are Appropriately Justified: a = 3 b = 3 O = 0 b/a x 100 = 100%

For FFY 2005 100% of programs/provider cited for not appropriately justifying services provided in non-natural environments corrected their non-compliance within one year of identification. This is an increase from 92% in FFY 2004.

First Steps Services are Provided by Appropriately Qualified Providers: a = 1 b = 1 O = 0 b/a x 100 = 100%

For FFY 2005 100% of programs/providers cited for not providing services through the use of appropriately qualified providers corrected their non-compliance within one year of identification. This is an increase from 50% in FFY 2004.

Infants and Toddlers Receive Timely, Comprehensive, Multidisciplinary Evaluations to Determine Eligibility: a = 13 b = 9 O = 4 b/a x 100 = 69%

For FFY 2005 69% of programs/providers cited for not providing timely, comprehensive, multidisciplinary evaluations to determine eligibility corrected their non-compliance within one year of identification. The four programs/providers that did not correct their compliance either immediately terminated their contract with the First Steps program or immediately ceased taking referrals from the First Steps program and did not renew their contract during their renewal period.

Table C

District	# of Formal Complaints	Formal Complaints Resolved w/in 60-Day Timeline
Barren River	0	0
Big Sandy	1	1
Bluegrass	1	1
Buffalo Trace	1	1
Cumberland Valley	1	1
FIVCO	0	0
Gateway	1	1
Green River	0	0
Kentuckiana	0	0
Kentucky River	1	1
Lake Cumberland	0	0
Lincoln Trail	0	0
Northern KY	0	0
Pennyrile	0	0
Purchase	0	0
State Total	6	6

During FFY 2005 Kentucky had 6 formal complaints, no mediations, and no due process hearings (see Indicators 11 and 13). All complaints were resolved within the 60 day timeline. Of the 6 formal complaints, all findings of non-compliance were corrected within one year.

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Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Work closely with Federal Contact on ways to strengthen current monitoring system.	October 2005	While the Federal Contact did provide significant support in the development of the SPP and the initial improvement activities related to General Supervision, The Quality Assurance Administrator position, which was responsible for this activity, was vacant from January, 2006 through July 16, 2006 and from October 01, 2006 through present. The Part C Coordinator is currently working with the Federal Contact related to all monitoring priority areas, including General Supervision. This Improvement Activity is not complete, but is ongoing.
2. Contact Mid-South Regional Resource Center, National Center for Special Education Accountability Monitoring (NCSEAM) and National Early Childhood Technical Assistance Center (NECTAC) regarding ways to develop stronger monitoring and data collection process.	October 2005	Current program staff is unclear what contacts have been made regarding the monitoring and data collection process. NECTAC has been working with Kentucky regarding issues with the 45 day timeline. That work has resulted in a review of the role of the TA Teams across the state and consequently the monitoring and data collection process facilitated, in part, by the Program Evaluators. This Improvement Activity is not complete, but is ongoing.
3. Revisit monitoring policies and procedures with Technical Assistance Teams in order to ensure monitoring is covered in each district to identify systemic problems based on Part C requirements.	December 2006	Monitoring data is collected through Kentucky's system of General Supervision, which includes onsite monitoring, targeted technical assistance and complaints. Given the limited capacity to ensure comprehensive monitoring through onsite visits, a workgroup comprised of Program Evaluators was convened in December, 2006 to begin a comprehensive review and revision of the current monitoring policies and procedures. Emphasis is being place on the incorporation of desk audits, data reviews and self-assessments, which will expand and enhance the current monitoring system. This work is currently underway.
4. Design a report to collect training and technical assistance activities related to specific non-compliance cited.	September 2007	In the absence of a QA Administrator, the Training Coordinator will assume responsibility for this Improvement Activity. The Training Coordinator will review current monthly Training and TA reports to determine whether modifications are necessary in order to accomplish this task.
5. Develop Training Module on Program Monitoring in relation to non-compliance issues that have been identified in order to ensure	September 2008	Areas of non-compliance include the 45 day timeline and transition. A training module regarding Transition is currently being developed. Training regarding the 45 day timeline has been conducted

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it is corrected.		and additional training (and technical assistance) is under development. The Training Coordinator will review program monitoring activities to identify persistent areas of non-compliance requiring intervention via training. This Improvement Activity is ongoing.
6. Develop a follow-up questionnaire to trainings in order to ensure that training on correcting non-compliance is effective.	September 2008	Evaluation of efficacy is a component of all trainings offered via the TRAIN system. Development of a separate questionnaire is ongoing.
7. Provide training to providers on program review procedures in order to ensure they are familiar with the program review process.	June 2009	Ongoing (pending the review and revision of monitoring policies and procedures).
8. Develop web based reporting regarding systemic issues identified through program monitoring for providers to correct non-compliance.	June 2010	Ongoing

The number of program reviews conducted during this reporting period was less than the previous reporting period (FY2004: 150 total reviews; FY2005: 137 total reviews) because program evaluators were asked by Central Office to suspend program reviews during a time of significant administrative change in the Part C program in order to provide support to Central Office. In addition, the Program Evaluator position covering the Pennyryle and Purchase Districts was vacant for a significant period during SFY05.

According to the information available via the program monitoring processes currently in place, programs appear to respond to and correct identified areas of non-compliance in a timely manner with the exception of non-compliance related to the 45 day timeline. Despite continued outstanding non-compliance in this area, significant progress has been made across the state (see Indicator #7). It is believed that the progress made to date is directly related to the training and technical assistance provided from December, 2005 through June 30, 2006. Technical assistance related to the 45 days has continued since June 30, 2006 and additional training is under development.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005:

Improvement Activity	Timeline	Justification/Resources
9. Develop policies and procedures to consistently document the receipt, investigation and resolution of formal complaints.	December 2007	While collecting data regarding complaints, it was found that Program Evaluators were not consistently documenting the receipt, investigation and/or resolution of informal complaints. A workgroup of Program Evaluators will coordinate this

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		activity.
10. Review the current monitoring priority areas being reported and explore the need for reporting on additional monitoring areas.	December 2009	It was unclear to the APR workgroup membership the methodology used to select the state-determined monitoring priority areas. The workgroup will provide input into the review of the current monitoring priority areas and other stakeholder groups in the state will assist Central Office in exploring additional monitoring areas for reporting purposes. The SPP/APR workgroup will coordinate this activity.
11. Develop, implement, enhance and, as necessary, improve the use of performance data in program monitoring.	June 2007 – June 2011	As we review our monitoring policies and procedures, it has become evident that there exists a need to identify performance data and include that data in the monitoring and program evaluation process. The Part C Coordinator, the QA Administrator and the SPP/APR workgroup will facilitate this activity.

Monitoring data is collected through Kentucky's system of General Supervision, which includes onsite monitoring, targeted technical assistance and complaints. Given the limited capacity to ensure comprehensive monitoring through onsite visits, Kentucky is currently in the process of reviewing and revising the First Steps monitoring policies and procedures. Emphasis is being placed on the incorporation of desk audits, data reviews and self-assessments, which will expand and enhance the current monitoring system.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100

FFY	Measurable and Rigorous Target
2005 (2005 – 2006)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2006 (2006 – 2007)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2007 (2007 – 2008)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2008 (2008 – 2009)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2009 (2009 – 2010)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.
2010 (2010 – 2011)	100 % of signed written complaints will have reports issued and be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2005:

Table A

District	# of Formal Complaints	Formal Complaints Resolved w/in 60-Day Timeline
Barren River	0	0
Big Sandy	1	1
Bluegrass	1	1
Buffalo Trace	1	1
Cumberland Valley	1	1
FIVCO	0	0
Gateway	1	1
Green River	0	0
Kentuckiana	0	0
Kentucky River	1	1
Lake Cumberland	0	0
Lincoln Trail	0	0
Northern KY	0	0
Pennyrile	0	0
Purchase	0	0
State Total	6	6

$$6 \div 6 = 100\%$$

During FFY 2005 Kentucky had 6 formal complaints. All formal complaints were resolved within the 60 day timeline (100%). In addition, of the 6 formal complaints, all findings of non-compliance were corrected within one year.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Develop a Complaint form for filing formal complaints and also outline procedures to ensure families can get complaints to First Steps Administration.	June 2006	This was not completed by June, 2006. However, a committee has been convened to review and develop (if necessary) all system forms; including the Complaint form.
2. Revisit the complaint process and timelines with Technical Assistance Teams to ensure timely completion of complaints and thorough investigations.	September 2006	This was not completed by September, 2006. However, a subcommittee of the statewide Technical Assistance Team has been convened to review and modify monitoring policies and procedures, including system complaint procedures. This work is ongoing.

APR Template – Part C (4)

Kentucky
State

3. Revise the Family Rights Handbook to include a complaint form and procedures in order for families to be aware of how to file a formal complaint.	June 2007	The Family Rights Handbook has been revised and is awaiting statewide implementation pending regulation changes this Spring. This activity is ongoing.
4. Revisit trainings for providers and families to ensure complaint process procedures are detailed and that they are aware of how to file a formal complaint.	June 2007	Service coordinator and provider trainings are being reviewed and will address the complaint process in more detail. The Family Orientation DVD is almost complete, which will, in part, provide families with additional information regarding the complaint process. This activity is ongoing.

Kentucky has maintained compliance with this indicator during the reporting period. Work is underway in the state to ensure that service coordinators, providers and families fully understand the complaint process to ensure that system non-compliance is identified and corrected in a timely manner. Kentucky will continue to work to maintain compliance during FY07 (FFY 2006).

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
5. Monitor formal program complaints to identify compliance concerns and address negative performance trends.	June 2006 – June 2011	There is an ongoing need to monitor performance trends in the First Steps program and address formal program complaints in a timely manner. The Part C Coordinator and the SPP/APR workgroup will facilitate this activity.

Due to administrative changes and staff turnover, Improvement Activities 1 and 2 were not completed in as timely a manner as had been hoped. These activities have been initiated and are ongoing at this time. It is anticipated that they should be complete by December, 2007.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: *See Overview of Kentucky's Annual Performance Report Process.*

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. (20 U.S.C. 1416 (a)(3)(B) and 1442)

Measurement: (3.2(a) + 3.2 (b)) divided by (3.2) times 100

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.
2006 (2006-2007)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.
2007 (2007-2008)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.
2008 (2008-2009)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.
2009 (2009-2010)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.
2010 (2010-2011)	100% of due process hearing requests will be fully adjudicated with the applicable timeline.

APR Template – Part C (4)

Kentucky
State

Actual Target Data for FFY 2005:

There were no due process hearing requests for this time period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for 2005:

The complaint process was discussed with the Technical Assistance Teams at scheduled meetings and policies and procedures regarding due process hearings were provided. Questions regarding policies were addressed at that time.

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Review policies and procedures for obtaining a Due Process Hearing with Technical Assistance Teams	June 2006	Completed
2. Monitor Family Orientation trainings to ensure procedures are explained to families regarding obtaining Due Process Hearing	June 2006	Due to turnover in the Training Coordinator position, this activity was not completed by June, 2006. It is anticipated that this will be completed by June 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
3. Technical Assistance Teams and Central Office staff are in the process of creating a DVD which will include a discussion of mediation and due process hearing requests. The POE will provide a copy of the DVD in the packet given to each family at the time of the initial IFSP meeting. For any family that does not have the ability to watch a DVD, a more in depth discussion of due process will be undertaken at the IFSP meeting with particular attention paid to rights and the complaint process.	January 2007 – December 2007	TATs and Training Coordinator will facilitate this process in order to better ensure that families understand their rights, including their rights regarding dispute resolution, under Part C.
4. Central Office will seek input from stakeholders, including families, about the complaint process, in order to better understand the lack of formal written complaints, mediations and due process hearing requests.	June 2007 – December 2009	While it is not wholly agreed that the lack of due process hearing requests is cause for concern, Kentucky feels it is important to address this matter directly with stakeholder groups in the state. The Part C Coordinator will facilitate this process.

5. Monitor due process hearing requests if/when they are received to ensure that system issues are identified and addressed in a timely manner.	June 2007 – June 2011	For general supervision and accountability purposes, it is necessary to continually monitor program complaints in order to identify and address system issues. The Part C Coordinator and all program evaluators will facilitate this process.
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Due to Kentucky's regionalized system of Technical Assistance and Monitoring, parents, providers and other stakeholders have ready access to persons who can facilitate the complaint resolution process locally and timely. It is felt that this structure may help to explain the continued dearth of mediation and due process requests. While Kentucky recognizes the need to ensure that parents and other stakeholders fully understand and have access to the dispute resolution process, it is only fair to simultaneously recognize local dispute resolution activities, which serve to prevent more costly, timely and stressful dispute resolution procedures.

Part C State Performance Plan (SPP) for FFY 2005-2010

Overview of the State Performance Plan Development: See *Overview of Kentucky's State Performance Plan Development Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416 (a)(3)(B) and 1442)

Measurement: percent-3.1 (a) divided by (3.1) times 100.

Overview of Issue/Description of System or Process:

Although Kentucky reported on Resolution Sessions in the SPP submitted in December, 2005, it has since determined that Kentucky's Part C Program did not adopt Part B due process procedures and therefore does not need to report on Resolution Sessions.

Baseline Data for FFY 2005 (2005-2006):

NA

Discussion of Baseline Data:

NA

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA
2006 (2006-2007)	NA
2007 (2007-2008)	NA
2008 (2008-2009)	NA
2009 (2009-2010)	NA
2010 (2010-2011)	NA

Improvement Activities/Timelines/Resources:

NA

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 13: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416 (a)(3)(B) and 1442)

Measurement: percent= (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of mediation agreements will be fully adjudicated with the applicable timeline.
2006 (2006 – 2007)	100% of mediation agreements will be fully adjudicated with the applicable timeline.
2007 (2007 – 2008)	100% of mediation agreements will be fully adjudicated with the applicable timeline.
2008 (2008 – 2009)	100% of mediation agreements will be fully adjudicated with the applicable timeline.
2009 (2009 – 2010)	100% of mediation agreements will be fully adjudicated with the applicable timeline.
2010 (2010 – 2011)	100% of mediation agreements will be fully adjudicated with the applicable timeline.

Actual Target Data for FFY 2005:

There were no mediations for this reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

The complaint process was discussed with the Technical Assistance Teams at scheduled meetings and policies and procedures regarding due process hearings were provided. Questions regarding policies were addressed at that time.

APR Template – Part C (4)

Kentucky
State

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Review policies and procedures for obtaining a Due Process Hearing with Technical Assistance Teams	June 2006	The complaint process is being discussed with and reviewed by the Technical Assistance Teams.
2. Monitor Family Orientation trainings to ensure procedures are explained to families regarding obtaining Due Process Hearing	June 2006	Due to turnover in the Training Coordinator position, this activity was not completed by June, 2006. It is anticipated that this will be completed by June 2008.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2005:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	80% of mediations will result in mediation agreements.
2006 (2006 – 2007)	80% of mediations will result in mediation agreements.
2007 (2007 – 2008)	80% of mediations will result in mediation agreements.
2008 (2008 – 2009)	80% of mediations will result in mediation agreements.
2009 (2009 – 2010)	80% of mediations will result in mediation agreements.
2010 (2010 – 2011)	80% of mediations will result in mediation agreements.

Although Kentucky's SPP submitted in December, 2005 documented a rigorous target of 100% of mediations resulting in mediation agreement, it has been determined that a more reasonable, achievable and yet rigorous target would be 80%. The target of 80% was established given the very small number of mediation requests that Kentucky receives (0 in FFY 2004 and FFY 2005) and the concern that even a small number of mediations not resulting in agreement would result in non-compliance.

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
3. Technical Assistance Teams and Central Office staff are in the process of creating a DVD which will include a discussion of due process and hearing requests. The POE will provide a copy of the DVD in the packet given to each family at the time of the initial IFSP meeting. For any family that does not have the ability to watch a DVD, a more in depth discussion of due process will be undertaken at the IFSP meeting with particular attention paid to rights and the complaint process.	January 2007 – December 2007	TATs and Training Coordinator will facilitate this process in order to better ensure that families understand their rights, including their rights regarding dispute resolution, under Part C.
4. Central Office will seek input from stakeholders, including families, about the complaint process, in order to better understand the lack of formal written complaints, mediations and due process hearing requests.	June 2007 – December 2009	While it is not wholly agreed that the lack of due process hearing requests is cause for concern, Kentucky feels it is important to address this matter directly with stakeholder groups in the state. The Part C Coordinator will facilitate this process.
5. Monitor due process hearing requests if/when they are received to ensure that system issues are identified and addressed in a timely manner.	June 2007 – June 2011	For general supervision and accountability purposes, it is necessary to continually monitor program complaints in order to identify and address system issues. The Part C Coordinator and all program evaluators will facilitate this process.

Due to Kentucky's regionalized system of Technical Assistance and Monitoring, parents, providers and other stakeholders have ready access to persons who can facilitate the complaint resolution process locally and timely. It is felt that this structure may help to explain the continued dearth of mediation and due process requests. While Kentucky recognizes the need to ensure that parents and other stakeholders fully understand and have access to the dispute resolution process, it is only fair to simultaneously recognize local dispute resolution activities, which serve to prevent more costly, timely and stressful dispute resolution procedures.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development: See *Overview of Kentucky's Annual Performance Report Process*.

Monitoring Priority: EFFECTIVE GENERAL SUPERVISION PART C/GENERAL SUPERVISION

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports are:

- a:** Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b:** Accurate (describe mechanisms for ensuring accuracy)

FFY	Measurable and Rigorous Target
2005 (2005 – 2006)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)
2006 (2006 – 2007)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)
2007 (2007 – 2008)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)
2008 (2008 – 2009)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)
2009 (2009 – 2010)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)
2010 (2010 – 2011)	100% of state reported data (618 and State Performance Plan and Annual Performance Report) will be timely and accurate)

APR Template – Part C (4)

Kentucky
State

Actual Target Data for FFY 2005:

Data for tables 2-5 were due on November 1, 2005. These were submitted on November 2, 2005, which was one day late. These data were late due to the huge amount of data due for the SPP on short notice, and a note to that effect was included with the electronic submittal. Data for Table 1 (child count data) were submitted on February 1, 2006 on the deadline.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005:

IMPROVEMENT ACTIVITY	TIMELINE	STATUS
1. Kentucky will continue to contract with a data manager to assure that data reports are timely and accurate.	July 2005 – June 2011	February 1, 2006 reports were submitted on time. November 1, 2005 reports were one day late. The FFY 2005 APR, due February 1, 2007, is anticipated to be submitted on time. Central Office staff will attempt to monitor data submission more closely to ensure timeliness and accuracy.
2. Part C Coordinator will manage production of all required reports to meet timelines.	July 2005 – June 2011	The Part C Coordinator position was vacated in September, 2006 and replaced in October 2006. In light of this change, the Part C Coordinator will assign responsibility for this Indicator to the Financial Administrator, who acts as the Central Office liaison with the data manager and can more reliably monitor this activity.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2005

IMPROVEMENT ACTIVITY	TIMELINE	JUSTIFICATION/RESOURCES
2. Part C Coordinator Financial Administrator will manage production of all required reports to meet timelines.	July 2005 – June 2011	See "Status" column above.

STATE: Kentucky

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	6
(1.1) Complaints with reports issued	6
(a) Reports with findings	6
(b) Reports within timeline	6
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	0

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	
(i) Mediation agreements	
(b) Mediations not related to due process	
(i) Mediation agreements	
(2.2) Mediations not held (including pending)	

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution meetings (For States adopted Part B Procedures)	
(a) Settlement agreements	
(3.2) Hearings (fully adjudicated) (For all states)	
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	
(3.3) Resolved without a hearing	